

Case Number:	CM15-0024187		
Date Assigned:	02/13/2015	Date of Injury:	01/15/1992
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 15, 1992. In a utilization review report dated January 22, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator referenced a January 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In said January 15, 2015 progress note, the applicant reported ongoing complaints of low back pain, 6/10 to 7/10. The applicant exhibited a "normal gait and station." Twelve sessions of aquatic therapy were endorsed on the grounds that the applicant had not had physical therapy in several years. It was stated that the applicant could consider surgical intervention at a later point.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aqua therapy for the lumbar spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127.

Decision rationale: 1. No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, it has not been clearly established how, why, and/or if reduced weightbearing is, in fact, desirable here. The applicant was described as exhibiting a normal gait and station on the office visit on which the aquatic therapy at issue was proposed. It was not clearly established why the applicant could not perform land-based therapy and/or land-based exercises. Therefore, the request was not medically necessary.