

Case Number:	CM15-0066045		
Date Assigned:	04/14/2015	Date of Injury:	06/16/2011
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 49-year-old male patient who sustained an industrial injury on 06/16/2011. A primary treating office visit dated 03/02/2015 reported the patient being status post multiple surgeries, most recently with removal of hardware, lumbar. He is here for follow up. He is participating in a course of physical therapy and feels as if it is helping him. He reported having had aqua therapy with good benefit in the past and would like it again. He continues with soreness in the back and is with no new complaint. The impression noted removal of hardware from lumbar spine on 11/13/2014; status post TLIF L3-5 on 08/06/2013, and right arthroscopic knee surgery in 2009. The plan of care involved a discussion about discontinuing Norco and the patient is requesting to wait until course of therapy is completed. Therefore, he was prescribed Norco 10mg TID PRN, and Soma was prescribed also. The patient will also collect a urine sample for toxicology screening. A follow up visit dated 11/28/2014 reported subjective complaint of having some aches and pain in his low back. The plan of care involved allowing the patient a shower without submerging in water. He is to follow up in 4 weeks and his condition remains temporary total disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy (Including Swimming).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that, this is an alternative to land-based physical therapy, in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient is requested to have land based PT which has been certified in this case. Aquatic therapy is an alternative therapy. Although it may be construed as complimentary to some requesting providers, this is not what the CPMTG specify. Therefore, this request is not medically necessary.