

Case Number:	CM14-0135456		
Date Assigned:	08/29/2014	Date of Injury:	11/29/2012
Decision Date:	11/18/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old with an injury date on 11/29/12. Patient complains of continuing low lumbar pain with radiation to posterior aspects of lower extremities to the ankles, left > right per 8/6/14 report. Patient states after walking 3 blocks, pain in lower extremities increases, and after walking 10 blocks he feels a burning pain/mild weakness and occasionally he fears he will fall per 8/6/14 report. Based on the 8/6/14 progress report provided by [REDACTED] the diagnoses are: 1. pain in joint, shoulder 2. cervical disc displacement without myelopathy 3. lumbar disc displacement without myelopathy Most recent physical exam on 6/25/14 showed "near ideal body weight. normal muscle tone in bilateral upper/lower extremities, normal gait. Strength: right forearm flexion/extension are both 4/5 and right wrist extension is 4/5." No range of motion testing was included in reports. Patient's treatment history includes physical therapy. [REDACTED] is requesting aquatic therapy Qty: 6. The utilization review determination being challenged is dated 8/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/5/14 to 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy QTY: 6: Upheld

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

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

Decision rationale: This patient presents with lower back pain and bilateral lower extremity pain, bilateral ankle pain. The provider has asked for aquatic therapy Qty: 6 on 8/6/14 . Patient has not had recent aquatic therapy, but has recently had 6 sessions of land-based physical therapy with increased strength/flexibility in back, and is continuing exercises at home. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient has, as physical exam stated, "near ideal body weight," no history of lumbar surgeries, and no documentation of extreme obesity or any other condition that would necessitate reduced weight-bearing exercises. Recommendation is for denial.