MAXIMUS Federal Services

Case Number:	CM13-0011644		
Date Assigned:	11/06/2013	Date of Injury:	04/10/2012
Decision Date:	02/19/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 45-year-old female the date of injury of April 10, 2012. The request is for aquatic therapy for the lumbar spine to twice a week for four weeks. As of August 19, 2013, the patient's pain level is 7/ 10 with medications and 9/10 without medications. SLR on the left at 60 degrees. The note states that aquatic therapy is needed to facilitate functional improvement to allow RTW with fewer restrictions. There is no indication of how it will improve function, list goals, or protocols. The patient has had ESI at L5-S1 on 6/28/13 with 5-20% improvement. This is the second ESI; the first one had better relief on 3/7/13. Report on 7/22/13 indicates that aquatic therapy helped the patient in the past. The patient has started an exercise program. There is indication that the patient had extensive PT, but no numbers are available. There is no record of the improvement PT gave functionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy for the lumbar spine 2 x per week for 4 weeks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS physical medicine guidelines recommend aquatic therapy when limiting weight bearing may be beneficial to the patient. There is no indication that this therapy would be beneficial at this time. Reports also indicate the patient is on a continuous exercise program. There is no evidence that her prior physical therapy has improved function in the records. The treating physician did not give any indications as to why this aquatic therapy would supersede or benefit beyond her current exercise regimen, as she is able to do exercise that is land-based. In addition, there are no specific goals or protocols that the physician believes may help this patient specifically in the water. Or, whether additional supervised therapy is necessary. Therefore, at this time aquatic therapy is not appropriate.