

Case Number:	CM13-0017246		
Date Assigned:	12/11/2013	Date of Injury:	12/04/2001
Decision Date:	08/05/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/27/2013

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 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:

This patient is a male that was injured on 12/04/2001 and the mechanism of injury is unknown. Prior treatment history has included aquatic therapy which has provided him with much relief. Office note dated 06/25/2013 documented the patient to have complaints of residual back and left lower extremity radicular pain. Objective findings on exam revealed tenderness to palpation in the left lumbar region. Forward flexion was 40 degrees and extension to 10 degrees before having to stop because of pain. Motor exam was normal in all major muscle groups of the lower extremities. Hip range of motion was full bilaterally. The patient has a diagnosis of sciatica, lumbar spine sprain/strain, impingement syndrome, displacement of disc with unknown and degenerative arthritis. He was recommended to continue to work on core strengthening through aquatic therapy. Prior utilization review dated 07/25/2013 states the request for continued aquatic therapy 2 times a week times 6 weeks lumbar spine, DOS: 6/25/13 is not certified as there is no documented evidence warranting this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED AQUATIC THERAPY 2 TIMES A WEEK TIMES 6 WEEKS LUMBAR SPINE, DOS:6/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): page 22; 98.

Decision rationale: According to California MTUS guidelines, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Physical therapy for low back strain/sprain, which is the diagnosis for this patient, is recommended as 10 visits over 8 weeks. The medical records document that the patient has already completed 12 aquatic therapy visits. It is unclear why more visits which exceed the guidelines recommendations are needed for this patient. There is no documentation that the patient is unable to continue the self-based home exercise. The guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this juncture, transition to a fully independent home exercise program is appropriate. Therefore, the medical necessity of the continued aquatic therapy 2 times a week for 6 weeks for the lumbar spine has not been established according to the guidelines.