

Case Number:	CM13-0021212		
Date Assigned:	08/29/2014	Date of Injury:	08/24/2010
Decision Date:	10/02/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, 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 injured worker is a 41 year old female who sustained an injury to her low back on 08/24/10. Mechanism of injury was not documented. There was no imaging study provided for review. Clinical note dated 05/16/13 reported that the injured worker was pregnant and advised not to take any medication. Physical examination noted active range of motion of the thoracolumbar spine flexion 45 degrees, extension 10 degrees before experiencing low back pain, and lateral bending was limited to 15 degrees bilaterally; straight leg raise negative at 70 degrees in sitting/lying position; femoral stretch negative; motor strength motor exam normal; sensory normal; reflexes symmetric bilaterally. It was felt that the injured worker could improve her core strength with aquatic therapy. The request was for continued aquatic therapy; however, there was no dictation at the end of the 05/16/13 progress note indicating prior aquatic therapy had been helpful. Treatment to date included six physical therapy visits and 12 chiropractic visits in 2011. Utilization review nurse notes indicated the injured worker received an unknown amount of therapy the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWICE A WEEK FOR FOUR WEEKS.: Upheld

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

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

Decision rationale: The request for aquatic therapy twice a week for four weeks is not medically necessary. Previous request was denied on the basis that the injured worker has previously received aquatic therapy, but clinical documentation provided does not include progress notes to support the injured worker was receiving any functional benefit to support additional treatment. As such, the request was not deemed as medically appropriate. The CAMTUS states that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desired, for example extreme obesity. There were no aquatic therapy notes provided for review indicating the amount of aquatic therapy visits that the injured worker had completed to date or the injured worker's response to any previous aquatic therapy treatment. There was no indication that the injured worker was actively participating in a home exercise program. At the time of the request, the injured worker was pregnant; however, there was no additional information provided that would indicate any comorbidity that would inhibit the injured worker's participation in traditional land-based physical therapy. Given this, the request for aquatic therapy twice a week for four weeks is not medically necessary.