MAXIMUS Federal Services

Case Number:	CM13-0024267		
Date Assigned:	11/20/2013	Date of Injury:	05/30/2011
Decision Date:	02/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty Certificate in Interventional Spine, 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 5-foot, 11-inch, 44-year-old male who weighs 418 lbs. and has a BMI of 58.31. He reported a work-related injury on 5/30/11. The UR recommendation dated 9/5/13 denies the request for authorization of outpatient aqua therapy two times per week for one year (52 weeks), for a total of 104 aqua therapy sessions. The PR-4 dated 7/1/13 by the patient's orthopedic surgeon (not the requesting provider for this treatment) provides a more thorough discussion of the patient's diagnoses: status post L5-S1 fusion; spondylolisthesis, based upon developmental spondylolysis; and obesity. He describes the patient's complaints as moderate-to-severe pain in the lower back and in the left leg down the lateral side of the left thigh, occasionally below the knee, but not the foot. The patient received 12 aqua therapy visits between 9/25/12 - 12/13/12, which he found helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pool Therapy 2 x per week for 1 year (52 weeks) for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22,98,99.

Decision rationale: The MTUS recommends aqua therapy "as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The guidelines go on to provide criteria, such as extreme obesity, then defer to Physical Medicine guidelines for the recommended number of supervised visits. Physical medicine guidelines recommend active therapy that includes fading and transition to a home-based program. For neuralgia, neuritis, and radiculitis -types of diagnoses, the MTUS recommends 8-10 visits over 4 weeks. The request for 104 sessions of aqua therapy far exceeds MTUS recommendations. Recommendation is for denial.