

Case Number:	CM13-0025003		
Date Assigned:	11/20/2013	Date of Injury:	02/08/2008
Decision Date:	01/13/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/16/2013

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 57 year old female with a date of injury of 2/8/2008. She has a diagnosis of lumbago, sciatica, cervicalgia and CTS. She has had treatment of H-Wave, medications, and aquatic therapy sessions. H-wave has provided good relief. She is reducing medications and has been doing a home exercise program. There is a request for aquatic therapy but no information regarding length of treatment, or reasons for starting therapy. The patient has been doing gym based aquatic therapy classes. She has had previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22 and 132.

Decision rationale: CA MTUS chronic pain guidelines state that aquatic therapy is recommended as an optional 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 desirable, for example extreme obesity. In this case, the patient is improving and doing a home exercise

program. There was no indication for therapy given, nor a treatment duration. CA MTUS uses the physical medicine guidelines for duration of aquatic therapy and recommends 8-10 sessions for myalgia. As there is no duration for treatment given, the request for aquatic therapy is not medically necessary. The request for aquatic therapy is not medically necessary and appropriate.