

Case Number:	CM13-0025863		
Date Assigned:	11/20/2013	Date of Injury:	08/04/2011
Decision Date:	01/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 underlying date of injury in this case is 08/04/2011. The primary diagnosis is a lumbar strain. The treating physician submitted an appeal letter on 09/17/2013 with regard to a request for 9 visits of aquatic therapy which was reduced to 2 visits. That appeal notes that the initial utilization review decision states that the California Guidelines are silent on the issue but that the web-based Official Disability Guidelines recommend 2 visits. That appeal letter directly quotes the California Guidelines on Physical Medicine and notes that aquatic therapy is an active exercise modality appropriate for this patient who needs the buoyancy of water to minimize pain during exercise. The attending physician notes that the frequency for myalgia and neuralgia in the treatment guideline falls within his original recommendation of 9 visits. An initial physician review in this case notes that the patient recently underwent a sacroiliac injection and that the Official Disability Guidelines under Low Back recommends 2 sessions for post injection treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic physical therapy for the lumbar spine, three (3) times per week over three (3) weeks to strengthen the low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, web-based version, low back chapter.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Moreover, the same guideline under Physical Medicine, page 99, Allow for fading of treatment frequency plus active self-directed home Physical Medicine...myalgia and myositis...9-10 visits over 8 weeks... radiculitis, unspecified...8-10 visits over 4 weeks." The initial physician review in this case referred to Official Disability Guidelines which recommends 2 visits for post injection physical therapy. However, that refers to an injection for an intervertebral disc disorder, such as an epidural injection. In this case, the medical records and the appeal from the treating physician outline the diagnosis of radiculitis and generalized myalgia. The treatment guidelines clearly indicate that the intent of aquatic therapy is not for merely for 2 visits but rather 8-10 visits with the intention of transitioning to independent active rehabilitation on a long-term basis. The criteria stated in the appeal letter from the treating physician is directly consistent with the treatment guidelines. This treatment is medically necessary.