

Case Number:	CM13-0026628		
Date Assigned:	11/22/2013	Date of Injury:	11/16/2010
Decision Date:	09/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 is a case of 49-year-old male who has filed a claim for lumbosacral spondylosis without myelopathy, possible lumbar spinal stenosis, and chronic pain with psychosocial implications associated with an industrial injury date of 11/16/2010. Medical records from 2013 were reviewed. Latest progress report, dated 03/14/13 show that the patient still complains of pain in the lower back radiating to the entire back and neck associated with some popping of his neck as well as some numbness and tingling in both of his arms and hands. It also radiates down to both of his legs with extends to his ankles associated with numbness, tingling, and occasional giving way of both his legs. Examination of the lumbar spine shows restricted ranges of motion: flexion 25, extension 5, rotation 20 bilaterally, and lateral bending 10 bilaterally. There is mild to moderate tenderness over the spinous processes at all lumbar levels and increased tenderness at the lumbosacral junction. There is also mild tenderness in the paraspinal muscles and sacroiliac joints. Patient's height is 5'11" and weight is 201 lbs. His computed BMI is 27.66 kg/m². Treatment to date during that time had included medications. Medications taken included Voltaren gel and Norco. Treatment given after 03/14/2013 is not known. Utilization review dated 08/20/2013 denied the request for aquatic therapy as there is no indication or evidence of necessity of aquatic therapy, which is most commonly indicated for morbid obesity or failed spine surgery syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY AT A GYM OR YMCA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the patient has complaints of chronic back pain relating to his industrial injury. However, the BMI of the patient is 27.66 kg/m² and is not included in the obese range. Furthermore, the latest progress report submitted, which appears to be incomplete, was 03/14/2013. The current clinical status of the patient is not known. Additionally, the request failed to specify the number of visits and body part to be treated. The clinical indication for aquatic therapy has not been clearly established. Therefore, the request for AQUATIC THERAPY AT A GYM OR YMCA is not medically necessary.