

Case Number:	CM13-0026742		
Date Assigned:	11/22/2013	Date of Injury:	04/03/2012
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 04/30/2012. The patient was seen in 09/2013 for complaints of an aggravation of pain in his right elbow. He also had complaints of constant upper and lower back pain that varies from a 4/10 to 5/10 without medications. The patient did indicate he has received pain relief with the use of trigger point injections, which have enabled him to perform his activities of daily living. An MRI of the lumbar spine diagnosed the patient as having chronic myofascial pain syndrome, thoracolumbar spine region, right lateral epicondylitis, moderate right L5 radiculopathy, and a 7 mm disc herniation at the left L5-S1 level. Objective findings on the examination noted that there were multiple myofascial trigger points and taught bands noted throughout the thoracic and lumbar paravertebral musculature as well as in the gluteal muscles. The physician is now requesting for the patient to undergo aqua therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for aqua therapy 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, it states that aqua 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 the documentation, it states the patient is able to perform his activities of daily living due to positive relief from trigger point injections. Furthermore, there is nothing in the documentation indicating the patient is unable to perform land-based physical therapy, nor is he in need of a weight-reduced environment in order to make gains in his functional improvement. Therefore, the medical necessity for aquatic therapy has not been established in this case. As such, the requested service is non-certified.