

Case Number:	CM13-0027544		
Date Assigned:	01/10/2014	Date of Injury:	09/12/2011
Decision Date:	03/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/21/2013

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 Hawaii. 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 45 year old female with a date of injury of 9/12/2011. The medical documentation indicates that she was undergoing treatment for low back pain and neck pain. Treatment has included Naproxen 550 bid, Norflex, "neck and back handouts for home program", therapeutic ultrasound, "soft tissue mobilization", chiropractic treatment, acupuncture, right sided facet block of C2-3/C3-4 under fluoroscopic guidance, and numerous physical therapy sessions. Objective findings include tenderness to palpation and decreased range of motion to cervical spine/lumbar spine. Medical note dated 5/16/2013 from [REDACTED] states "patient has maximized all her physical therapy and acupuncture sessions". On 7/16/2013, [REDACTED] recommended treatments of "home muscle stretching exercises, aquatic therapy exercises on a daily basis are recommended and requested herein, to be performed at a gym or [REDACTED] close to the patient's residence, meditation (deep breathing type). He was instructed to buy the CD by [REDACTED] for meditation." A utilization review dated 9/18/2013 non-certified 2 x 6 aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

aquatic therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine, Page(s): 22, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Aquatic Therapy (Including Swimming).

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease". Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. As such, the current request for 2 x 6 session of aquatic therapy is not medically necessary.