

Case Number:	CM13-0030312		
Date Assigned:	06/06/2014	Date of Injury:	05/23/2011
Decision Date:	07/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 49-year-old female who reported an injury on 05/23/2011. The mechanism of injury was not provided. The clinical note dated 02/19/2014 noted the injured worker presented with moderate pain to the lower back, gluteal area, legs, and thighs, and pain radiated to the right ankle, right calf, right foot, and right thigh. The injured worker's diagnoses included cannabis dependence, continuous use, chronic pain due to trauma, psychosexual dysfunction, muscle spasms, spondylosis of the lumbar without myelopathy, depression and anxiety, myalgia and myositis unspecified, herniated nucleus pulposus (HNP) lumbar, tobacco use, COAT, spinal stenosis of the lumbar region, abnormality of gait, degenerative disc disease lumbar, radiculopathy thoracic or lumbosacral, insomnia due to medical condition (classified), and low back pain. Prior treatment included injections, a TENS unit, aquatic therapy, and medications. The provider recommended continued aquatic therapy with a quantity of 12, the provider's rationale was not provided in the request. The request for authorization form was not provided in the documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE AQUATIC THERAPY QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The request for continued aquatic therapy with a quantity of 12 is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where it is available, as an alternative to land based physical therapy. Aquatic therapy including swimming can minimize the effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy for up to 4 weeks. The included medical documents lack evidence of the injured worker's specific need for reduced weight bearing therapy. The number of aquatic therapy sessions that the injured worker has already completed is not provided. There is a lack of documentation indicating the injured worker has had significant functional improvement with the course of therapy. The request for 12 sessions of aquatic therapy exceeds the recommendations of the guidelines. The provider's request does not state the site at which the aquatic therapy is intended for or the frequency of the requested visits. As such, the request is not medically necessary.