

Case Number:	CM13-0033897		
Date Assigned:	12/06/2013	Date of Injury:	08/18/2003
Decision Date:	04/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of August 18, 2013. A progress report dated September 5, 2013 identifies subjective complaints of a flare up of lumbar spine pain for two months. The note indicates that the patient would like to try water aerobics for lumbar strengthening. No physical examination was performed on that date of service. The treatment plan recommends one-year membership at a local [REDACTED] so that she can do water aerobics and her home therapy. A progress report dated October 2, 2013 identifies physical examination findings showing a positive straight leg raise bilaterally. No diagnoses are listed. The treatment plan recommends water aerobics for lumbar strengthening. A progress note dated November 6, 2013 identifies objective findings including normal sensory, motor, and reflex exam of the lower extremities with tenderness along the lumbar spinous processes.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER AEROBICS FOR LUMBAR STRENGTHENING AT [REDACTED],
QTY. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, there are no objective functional deficits identified on physical examination for which additional therapy would be needed. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested water aerobics are not medically necessary.