

Case Number:	CM13-0036104		
Date Assigned:	04/28/2014	Date of Injury:	06/02/1987
Decision Date:	06/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Geriatrics has a subspecialty in Family Practice and is licensed to practice in New York. 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:

The injured worker reported a date of injury of 6/2/87. The most recent note in the records is on 10/7/13 when she was seen by her physician for complaints of neck and lumbar pain. Her symptoms were described as stable with exacerbation of left upper extremity symptoms. She is status post epidural injections at multiple spine levels. She was requesting support for the denial of aqua therapy for her neck and low back. A cervical, thoracic and lumbar MRI showed multilevel degenerative disc disease. Her musculoskeletal exam of the cervical and lumbar spine were said to be 'clinically unchanged' with referral to the electronic medical records. Her diagnoses included spine-cervical, thoracic and lumbosacral spondylosis without myelopathy and injury to other specified nerves of the shoulder girdle and upper limb. The physician advocated for the denied aquatherapy which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN NUMBER OF AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TABLE 2, SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS.

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

Decision rationale: Aqua therapy is in question for this injured worker for the lumbar spine. Per the MTUS, 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. In this case, the records do not justify why aqua therapy is indicated over a course of land based therapy. Therefore, the request for unknown number of aquatic therapy visits for the lumbar spine is not medically necessary and appropriate