

Case Number:	CM13-0037039		
Date Assigned:	12/13/2013	Date of Injury:	09/27/2005
Decision Date:	02/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and 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 66-year-old female who reported an injury on 09/27/2005. The patient is status post left knee surgery from 2012 and has been suffering from chronic lumbar back pain, which she relates to her industrial injury. According to the clinical documentation dated 05/24/2013, the patient was noted as having low back pain rated as a 6/10 to 8/10 on the VAS. The patient was described as constant with increasing sharpness and a shooting sensation down into her left leg. Exacerbating factors include sitting or lifting objects. The patient stated that the only alleviating factors are aquatic therapy, stationary bike, physical therapy, and oral pain medications. The physician is requesting aqua therapy two times a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy two times a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to California MTUS, 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. In the case of this patient, it was notated that she has undergone aquatic therapy in approximately 10/2011. The total number of sessions she participated in is unknown. Furthermore, the patient has not been indicated as a non-weight bearing individual who is unable to perform land-based physical therapy. Therefore, at this time, the medical necessity for aquatic therapy cannot be established. As such, the requested service is non-certified.