

Case Number:	CM13-0038736		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2004
Decision Date:	05/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old male with a work injury dated 1/7/04 when a beam fell on his head, causing him to pass out and fall to the floor. His diagnoses include status post multi-level lumbar fusion on 4/28/13, bilateral shoulder pain, and cervical pain with a history of a cervical fusion in 2010, depression, anxiety and insomnia. There is a request for 16 aqua therapy sessions for the lumbar spine. There is an 8/29/13 providing physician office document which states that the patient has mild to moderate lower back pain since surgery. The patient denies any numbness or weakness of his lower extremities. Physical examination reveals moderate discomfort with palpation of the paraspinal muscles. Lower extremity strength is 5/5. The patient will be referred for aqua therapy to improve his musculoskeletal discomfort and he will be given a bone growth stimulator to enhance the fusion rate. Lumbar spine X-ray reveals fusion with instrumentation in place L4-S1. There is a 9/20/12 document which states that the patient's BMI is 33.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTEEN (16) AQUA THERAPY SESSIONS FOR LUMBAR SPINE: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines

"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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Based on the medical records provided for review there is no documentation of intolerance to land based therapy. There is no evidence of extreme obesity per the NIH obesity guidelines for body mass index. The request for 16 aqua therapy sessions for the lumbar spine is not medically necessary and appropriate.