MAXIMUS Federal Services

Case Number:	CM13-0043866		
Date Assigned:	05/14/2014	Date of Injury:	08/09/2009
Decision Date:	06/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/31/2013

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 30-year-old female who had a work injury dated 8/9/09. Her diagnoses include a history of a right hip strain with a possible labral tear, history of lumbosacral strain superimposed upon degenerative disc disease and disc bulge at L4-L5 3. There is notes severe nonindustrial physical de-conditioning (5'8" tall and weighs 422 pounds). There is a request for aquatic therapy two times a week for six weeks (retrospective 10/25/13 to 11/30/13). There is a 12/12/13 physician office visits which states that the patient states she is gradually improving. Overall, she is slowly, but surely heading in the right direction. She has found benefit from the medication and physical therapy. The examination revealed tenderness and some slight spasm in the paralumbar region. Her forward flexion was about 50 degrees and extension 10 degrees before having to stop because of back and right buttock pain. Straight-leg-raising test was slightly positive on the right, negative on the left in lying and sitting position. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were. 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. There were no pathologic reflexes evident. Hip range of motion was full bilaterally. There was no groin or thigh pain experienced upon range of motion of the hips. The patient can work with a 25-pound lifting limitation. A 1/14/14 office visit indicated the patient had been provided aquatic therapy as recommended, which she found beneficial. It was recommended that she continue additional aquatic therapy as this is a is a reasonable treatment modality for her condition as well as her body habitus in an attempt to maintain some level of strength and function in preparation of losing weight and undergoing surgical procedures for the right hip. A 12/17/13office visit states that the patient was asked to continue in a course of

aquatic therapy twice a week over a period of four weeks, which will allow further improvement of her core muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO TIMES A WEEK FOR SIX WEEKS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Page(s): 98-99.

Decision rationale: The request for aquatic therapy two times a week for six weeks (retrospective 10/25/13 to 11/30/13) is not medically necessary per the MTUS guidelines. Per MTUS guidelines, the patient is allowed up to 10 visits of physical therapy for her condition. The request for therapy two times a week for six weeks exceeds this request. Although patient has had physical therapy in the past this was all land based. It is reasonable in a patient with severe obesity and her hip and lumbar pain to attempt water based therapy. The request for aquatic therapy two times a week for six weeks is not medically necessary.