

Case Number:	CM13-0044923		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2008
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 62-year-old female who reported an injury on 09/10/2008. The mechanism of injury was not submitted. The patient was diagnosed with lumbar disc degeneration and lumbar radiculopathy. The Physician's Progress Report stated the patient attended 4 sessions of aquatic therapy. The patient reported without the pool exercise program, the low back pain has recurred despite her home exercise and stretching program. The patient reported she has returned to her baseline level of chronic low back pain from left to right with radiation of pain to the left greater than the right in the lateral thigh, anterior shin, and foot. There was also no numbness and tingling. Objective findings revealed decreased range of motion in the lumbosacral spine with mild spasm. The patient was recommended 8 supervised pool exercise visits. The patient was treated with previous aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Aqua therapy x8 visits lumbar spine: 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, Physical medicine Page(s): 22, 98.

Decision rationale: California MTUS recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Guidelines state aquatic therapy (including swimming) can minimize the effects of gravity to it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine. Physical therapy is recommended for radiculitis as 8 to 10 visits over a 4 weeks period. However, no objective clinical documentation specific to aquatic therapy was submitted for review indicating functional progress or improvement from the previous sessions. Given the lack of documentation to support guideline criteria, the request is non-certified.