

Case Number:	CM13-0048732		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2012
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is documented as having been injured on March 21, 2012 in a motor vehicle accident. A previous utilization review, dated October 23, 2013, denied a request for 12 sessions of aquatic therapy. The reviewer indicates that the sessions are not necessary as 12 sessions had recently been completed and the claimant had not shown any functional improvement. A physical therapy progress note, dated September 12, 2013, documents that the claimant continues to have low back pain that limits all mobility. This document also indicates that the claimant has completed 11 of 12 aquatic therapy visits. The therapist indicates that the claimant has not had significant range of motion gains, continues with severe guarding, and anticipation of pain. Additionally, the claimant is documented as being very "deconditioned" and experiencing persistent muscle fatigue secondary to the increased level of activity. The final aquatic therapy note dated September 17, 2013 documents continued constant back pain even during unloading in the aquatic environment. The clinical progress note, dated September 12, 2013, documents that the claimant continues to have difficulty participating in physical therapy and in regaining functional strength secondary to bilateral shoulder and low back pain. The clinician does not document any functional improvement following the 12 physical therapy sessions. The clinician does not specifically indicate whether the aquatic therapy is for myalgia and myositis or neuralgia, neuritis or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY AND PHYSICAL MEDICINE Page(s): 22, 98-99.

Decision rationale: The MTUS supports aquatic therapy as an optional physical therapy modality when diminished weight bearing is desirable. Based on the clinical documentation provided, the claimant completed 12 aquatic therapy sessions with no signs of significant functional improvement and had persistent low back pain. Additionally, the MTUS supports fading of treatment frequency and an active self-directed home exercise plan. As such, given that the claimant had already completed 12 aquatic therapy sessions without a significant functional improvement or significant range of motion gains, the requested additional 12 aquatic therapy sessions is not medically necessary.