

Case Number:	CM13-0051542		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2007
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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 patient is a 56-year-old female who reported an injury on 02/26/2007. The mechanism of injury were not provided in the medical records. She was diagnosed with lumbago and bilateral sciatica. Her symptoms are noted to include back pain with bilateral sciatica. Her objective findings include spasm, guarding, and mild tenderness to palpation of the paralumbar muscles, positive straight leg raising bilaterally, and decreased sensation along the L4 distribution of her lower legs to her great toes. It is also noted that she is able to toe and heel walk. The clinical information submitted for review indicates that the patient's past treatments have included medication, epidural steroid injections, a gym membership where she uses a treadmill and elliptical, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY - ONE YEAR OF SELF DIRECTED THERAPY AT [REDACTED]:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,46-47.

Decision rationale: According to the California MTUS Guidelines, there is strong evidence that exercise programs are superior to treatment programs that do not include exercise. However, the guidelines specify that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In addition, the guidelines indicate that aquatic therapy may be recommended as an optional form of exercise when there is a need for reduced weight-bearing. In addition, the Official Disability Guidelines state that gym memberships are not recommended as a medical treatment unless a documented home exercise program with periodic assessment and revision is shown to be ineffective and the patient has a specific need for equipment. The guidelines specify that unsupervised exercise such as exercise performed in gyms or swimming pools would not be considered medical treatment. The clinical information submitted for review indicates that the patient had previous aquatic therapy with improvement. However, the clinical information failed to indicate how many aquatic therapy visits the patient had and whether she showed objective functional gains in addition to her subjective improvement. Further, the documentation did not indicate why the patient requires reduced weight-bearing exercise as opposed to land therapy, as her notes indicate that she also is able to participate in regular exercise such as use of a treadmill and elliptical. Moreover, the clinical information provided did not provide specific documentation with evidence that a structured home exercise program had not been effective for the patient to justify a need for equipment. Furthermore, the most recent clinical notes provided for review failed to show any evidence of measurable objective functional deficits at this time. For the above reasons, the request is non-certified.