

Case Number:	CM13-0055523		
Date Assigned:	04/25/2014	Date of Injury:	02/23/2006
Decision Date:	07/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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, 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 injured worker is a 58 year old female who reported an injury on 2/23/06. The clinical note dated 8/5/13 reported that the injured worker complained of ongoing low back pain radiating down her extremities, as well as specific complaints of pain to her left knee. The injured worker was requesting an injection to her left knee. The injured worker reported she was using her medication and wanted physical therapy (water therapy, specifically) to be provided for her lumbosacral spine. The physical exam noted tenderness and spasm of the lumbosacral spine was present with allodynia and decreased sensitivity in L4-5 and bilateral lower extremities worse on the right. The provider also noted a negative straight leg raise bilaterally. The physician noted the injured worker had pain to palpation of the medial and lateral joint lines of the left knee. The injured worker had diagnoses including herniated nucleus pulposus with left-sided L4-5 radiculopathy, and degenerative joint disease and oosteroarthritis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER AEROBICS TIMES TWELVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an option from of exercise therapy, where available, as an alternative to landbased 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. 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. There is a lack of documentation indicating the injured worker tried and failed land based therapy or was unable to tolerate land based therapy. There is also lack of documentation the injured worker required reduced weight bearing. It was unclear if the injured worker had significant deficits. As such, the request is not medically necessary.