

Case Number:	CM13-0062087		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2010
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 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:

According to the records made available for review, this is a 44-year-old male with a 5/17/10 date of injury. At the time (9/27/13) of the request for authorization for aquatic therapy two (2) times a week for four (4) weeks for the lumbar spine, there is documentation of subjective (ongoing low back pain) and objective (tenderness to palpation over the paraspinal musculature and also mild guarding on palpation over the gluteal musculature, reduced range of motion, pain on motion, decreased sensation at L5 and S1 dermatomal levels on the right, and some weakness noted at S1) findings, current diagnoses (L5-S1 disc protrusion and thoracic strain), and treatment to date (medication). There is no documentation that reduced weight bearing is desirable (such as extreme obesity) and clearly defined functional goals.

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 FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

, PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION CHAPTER, 114; and Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of L5-S1 disc protrusion and thoracic strain. In addition, there is documentation of a time limited treatment plan. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity) and clearly defined functional goals. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary.