

Case Number:	CM13-0066466		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2010
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 69-year-old male with a 3/9/10 date of injury. At the time (11/7/13) of request for authorization for aquatic therapy for the lumbar spine, quantity 12, there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities) and objective (decreased lumbar range of motion, decreased strength of extensor hallucis longus and foot eversion bilaterally, decreased reflexes in the S1 distribution bilaterally, and decreased sensation in the S1 dermatome bilaterally) findings, current diagnoses (displacement of lumbar disc without myelopathy; thoracic or lumbosacral radiculitis or neuritis; and anterior soft tissue impingement), and treatment to date (aquatic therapy (unknown amount) with favorable response). The number of previous aquatic therapy cannot be determined. In addition, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for Final Determination Letter for IMR Case Number CM13-0066466 3 reduced weight bearing) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LUMBAR SPINE, QUANTITY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aquatic Therapy Page(s): 98/22. Decision based on Non-MTUS Citation 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, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar disc without myelopathy; thoracic or lumbosacral radioclititis or neuritis; and anterior soft tissue impingement. In addition, there is documentation of previous aquatic therapy. However, there is no documentation of the number of previous aquatic therapy and a condition/diagnosis where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, despite documentation of favorable response with previous aquatic therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy provided to date. Furthermore, the proposed number of aquatic therapy sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy for the lumbar spine, quantity 12 is not medically necessary.