

Case Number:	CM13-0071022		
Date Assigned:	01/08/2014	Date of Injury:	10/03/1987
Decision Date:	04/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female with a date of injury reported 10/31/1987. Mechanism of injury was not provided in the medical records. Clinical note dated 11/12/2013; subjective factors noted the patient still has not been doing aquatic therapy due to pending approval. Her low back pain is static and continues to be somewhat disabling. When asked about leg pain, the patient stated there was a slight pain in the left leg and on the right it is minimal. She is going to try to go to the gym with her daughter in an effort to mitigate her low back pain. She continues to use a TENS unit 2 times a day for half an hour daily, and Voltaren 1% gel when severe. The Voltaren continues to be effective. The clinical exam noted full range of motion to both hips, both knees and ankles. External rotation of left hip: she complains of left anterior thigh pain. The dorsolumbar posture was normal in standing and seated position. Diffuse tenderness without palpable muscle spasms noted. With extension more than all other movement, she complains of increased low back pain. LasA`gue's test ipsilateral anterior thigh discomfort bilaterally. No documentation provided for history of surgical procedures, conservative care, therapies, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE (3) TIMES A WEEK FOR SIX (6) MONTHS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: The California MTUS recommends aquatic therapy as an optional form of therapy, where available. Aquatic therapy (including swimming) can minimize the effects of gravity. The number of visits is equal to the physical therapy visits. For myalgia and myositis, unspecified, 9 to 10 visits over 8 weeks. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine self-directed home Physical Medicine. The request for aqua therapy 3 times a week for 6 months for the lumbar spine fails to meet the California MTUS Guidelines set forth for aquatic therapy. The documentation provided fails to support subjective and objective reasons for aquatic therapy for patients. Therefore, the request is non-certified.