

Case Number:	CM14-0001502		
Date Assigned:	01/22/2014	Date of Injury:	03/05/2008
Decision Date:	06/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 injured worker is a 58 year old female with a reported date of injury on 03/05/2008. The injury reportedly occurred when the worker slipped on a wet floor and fell. The injured worker complained of pain, weakness, tenderness and limitation of motion with radiating pain into hands. The clinical note dated 01/14/2013, stated that the injured worker's lumbar range of motion was flexion to 10 degrees, extension to 5 degrees and tilt to 10 degrees. There was weakness of the left leg, decreased S1 reflex bilaterally and testing revealed L5 and S1 radiculopathy. According to the orthopedic note dated 02/11/2013 the injured worker underwent lumbar fusion and lumbar discectomy on 06/16/2010. The injured worker stated that she completed 6 months of post-op physical therapy. The injured worker's diagnosis included posterior lumbar interbody fusion (PLIF) at L5-S1. The injured worker's medication regimen included Butran, Gabapentin, tizanidine and oxycodone. The request for authorization for aqua therapy two (2) days a week for four (4) weeks, lumbar spine was submitted, but not signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO (2) DAYS A WEEK FOR FOUR (4) WEEKS, LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
AQUATIC THERAPY AND MANUAL THERAPY Page(s): 22, 98.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The California MTUS guidelines recommend therapy up to 10 sessions for the injured worker's current condition. The clinical information provided for review lacks documentation of functional deficits. In addition, there is a lack of documentation as to the outcome goals for aquatic therapy. Furthermore, there is no indication the injured worker cannot participate in a land based program. Therefore, the request for aqua therapy two (2) days a week for four (4) weeks, lumbar spine is not medically necessary.