

Case Number:	CM14-0002118		
Date Assigned:	01/24/2014	Date of Injury:	05/15/2004
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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:

This is a 57-year-old male with a 5/15/04 date of injury who is status post lumbar fusion in 2007 and has had ongoing treatment for the spine. The patient is noted to have undergone an independent aquatic therapy program for 5 years and reported a 50% reduction in his pain. He was seen on 12/30/13 for follow up requesting massage therapy and reported an increase in pain to 10/10 without medications and 5/10 with medications. He is noted to be exercising 7 days a week with either walking or swimming. Exam findings reveal cervical and lumbar tenderness and decreased range of motion. Sciatic notch tenderness is present bilaterally. Straight leg raise is positive bilaterally, and the patient is unable to perform heel walking bilaterally. His gait is unsteady, antalgic, and cautious. There are strength deficits in the right hallicus longus, right dorsiflexion and right handgrip. His exam findings are not significantly changed from a progress note dated Jan 27th 2013. Treatment to date: cervical and lumbar ESI, aquatic therapy, medications (narcotics), Extracorporeal Shock Wave Therapy (ESWT). A Utilization Review (UR) decision dated 12/16/13 denied the request given the patient had aquatic therapy in the past in an independent gym based therapy program but his condition was not noted to have significantly changed.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF AQUATIC THERAPY:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (Aqua Therapy) Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The patient apparently had 5 years of independent aquatic therapy but his physical exam findings have not changes significantly over the past year. In addition, the patient claims to walk for exercise as of December 2013. Hence it is unclear why the patient requires additional aquatic therapy and why he cannot tolerate land based therapy or a home exercise program. The request for 8 sessions of aquatic therapy was not medically necessary.