

Case Number:	CM14-0002885		
Date Assigned:	01/29/2014	Date of Injury:	10/29/2006
Decision Date:	06/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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 50 year old male with a 10/29/2006 date of injury while working as an employee for [REDACTED]. He injured his back after pushing a hopper weighing 1500 pounds. The patient has been seen for diagnosis of thoracic and LS intervertebral disc degeneration, lumbar disc displacement, non-union fracture, and chronic pain syndrome. The patient was most recently seen on 11/19/13 with low back pain, 8/10 on VAS, with radiation to the right leg. Exam findings from a progress note dated 11/5/13 revealed tenderness and limited range of motion of the lumbar spine and reduced strength in the bilateral lower extremities. The patient is able to stand but no for prolonged periods of time. There was decreased sensation noted over the right medial and lateral aspects of the leg, as well as appositive SI joint compression and slump test. The patient's BMI is noted to be 36.94 on this visit. Gym membership and personal training in order for a HEP transition was noted to be recommended in a progress report dated 8/6/13. A 12/17/13 progress note noted that the patient was able to tolerate standing and walking for 25 minutes. The treatment to date includes epidurals, medications, three L spine operations, FRP, trigger point injections. A UR decision dated 12/5/13 denied the request given the patient has a 2006 date on injury and it is expected the patient would have completed physical therapy, in addition there is no documentation with regard to the need for a reduced weight bearing environment.

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 SIX (6) WEEKS: Overturned

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

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

Decision rationale: California 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. Obesity is rated at a BMI of 30 or higher, while morbid obesity is rated at a BMI of 40 or greater. The medical records consistently state that the patient has not benefited from physical therapy, likely land-based. The 11/19/13 medical report indicates that the patient is 6'1" and 280 lbs. which gives him a BME of 36.91, which represents extreme obesity. The request for aquatic therapy two (2) times a week for six (6) weeks is medically necessary.