

Case Number:	CM14-0003931		
Date Assigned:	02/03/2014	Date of Injury:	11/09/2011
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The patient is a 58-year-old female who has submitted a claim for lumbar disc syndrome, spondylolisthesis L5-S1, and cervical discogenic pain syndrome associated with an industrial injury date of November 9, 2011. Medical records from 2013 were reviewed. The patient complained of chronic knee, neck and lower back pain associated with difficulty weightbearing and standing. Physical examination of the knee revealed range of motion from 0 to 125 degrees, patellofemoral crepitus, bulky osteophytes on the medial joint line, and joint effusion on the left. Treatment to date has included heat application, opioids, chiropractic sessions, and physical therapy. Utilization review from December 24, 2013 modified the request for physical aquatic therapy treatment to the lumbar spine 2 times a week for 6 weeks to physical aquatic therapy treatment to the lumbar spine for 6 sessions, 2 times a week for 3 weeks to be used as trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL AQUATIC THERAPY TREATMENT TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 22

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 22.

Decision rationale: According to page 22 of Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there were reports of nonspecific lower back pain. MRI from August 2013 showed marked spinal stenosis and neuroforaminal stenosis at L5-S1. The most recent progress notes in the medical records submitted is dated August 28, 2013, and it did not mention any complaints pertaining to the lumbar spine. There was no history of prior physical therapy or aquatic therapy for the lumbar spine. However, there is no indication that the patient is morbidly obese. Furthermore, justification as to why aquatic therapy is preferred over a land based physical therapy was not given. In addition, there were no documents that would show re-evaluation of the patient since August 2013. Therefore, the request for physical aquatic therapy for the lumbar spine, 2 times a week for 6 weeks is not medically necessary.