

Case Number:	CM14-0004627		
Date Assigned:	02/03/2014	Date of Injury:	10/23/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 an employee of [REDACTED] and has submitted a claim for low back pain and left leg pain, associated with an industrial injury date of October 23, 2012. Treatment to date has included physical therapy and medications. Medical records from 2012 through 2014 were reviewed; the latest of which was a progress report dated August 23, 2013, which showed that the patient complained of episodic aching of the left buttock pain which radiates to the posterior thigh and posterior calf into the sole of the foot. The pain is worse with bending, lifting, twisting, prolonged standing, and prolonged sitting. The pain is improved with changing position and walking. Physical examination revealed tenderness on left sciatic notch. Low back pain is produced with prone lumbar hyperextension. There is full motor power of all lower extremity groups bilaterally. Sensory examination in the lower extremities is intact to pinprick and vibration. MRI of lumbosacral spine showed L5-S1 residual disk protrusion. Utilization review from December 23, 2013 denied the request for swimming, yoga, or Pilates exercise sessions 2 times a week for 8 weeks QTY: 16.00 because there is no documentation to support the medical necessity of Aquatic therapy (including swimming) for reduced weight bearing. Yoga and Pilates are recommended as an option only for select, highly motivated patients, not supported by the documentation. As such, the request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Swimming, Yoga or Pilates Exercise Sessions 2 Times a Week For 8 Weeks: Upheld

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 Page(s): 22, 99.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. Furthermore, (ODG) Official Disability Guidelines states that yoga is recommended as an option only for select, highly motivated patients. Since outcomes from this therapy are very dependent on the highly motivated patient, ODG recommends approval only when requested by such a patient but not adoption for use by any patient. In this case, the patient's height is 5 feet 4 inches; weight 130 pounds, with a body mass index (BMI) of 22.4, which does not categorize the claimant to an extreme obese category. In addition, there was no further discussion to determine the patient's motivation to engage in yoga / pilates which is a dependent factor on the outcome of the treatment. The medical necessity has not been established at this time. Therefore, the request for swimming, yoga, or pilates exercise sessions 2 times a week for 8 weeks QTY: 16.00 is not medically necessary.