

Case Number:	CM14-0005261		
Date Assigned:	01/24/2014	Date of Injury:	01/11/2010
Decision Date:	10/06/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year-old male who sustained an injury to the low back on 01/11/10. Mechanism of injury was not documented. Progress report dated 01/11/13 reported that the injured worker continued to complain of low back pain. Agreed medical examination dated 09/13/12 reported that the injured worker was permanent and stationary. The injured worker was approved for a Functional Restoration Program and attended the program for six weeks from 07/01/13 through 08/09/13. During the fifth week of the Functional Restoration Program, the injured worker had a severe flare-up after physical therapy exercises and was unable to attend the program for one day. She passed-out and had to be taken to the emergency room. The injured worker was approved for six visits of aquatic therapy and it was reported that the injured worker noted some improvement following aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 X 4 (8 VISITS): Upheld

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

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

Decision rationale: Records indicate that the injured worker had failed traditional land physical therapy, was ambulating with a walker and stated that she felt lighter and was able to perform the exercises with decreased pain as opposed to land therapy. The injured worker was initially approved for six visits and then an additional four. The California Medical Treatment Utilization Schedule (CAMTUS) states that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker noted significant improvement with aquatic therapy compared to land-based physical therapy and was eventually capable of ambulation without assistive devices; however, there was no significant objective clinical information provided that would support exceeding the CAMTUS recommendations, either in frequency or duration of aquatic therapy visits. Given this, the request for aquatic therapy 2 x 4 (8 visits) is not indicated as medically necessary.