

Case Number:	CM14-0006630		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2006
Decision Date:	07/21/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 a 58-year-old female who has submitted a claim for lumbar disc disorder, lumbar facet syndrome, and knee pain, associated with an industrial injury date of June 6, 2006. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/13/2014, showed low back, bilateral lower extremity and bilateral knee pain. There was increased burning pain in bilateral lower extremities. Physical examination revealed normal gait without the use of assistive device. Restricted range of motion of the lumbar spine secondary to pain was noted. There was tenderness of the paravertebral muscles. Lumbar facet loading was positive on the right side. Internal rotation of the femur resulted in deep buttocks pain. Straight leg raising test was negative. All lower extremity reflexes were equal and symmetric. Tenderness was noted over the right piriformis. Motor strength and sensory examination were all normal. Treatment to date has included 4 sessions of physical therapy, aqua therapy and medications. Utilization review from 12/03/2013 denied the request for aqua therapy x 6 sessions of the lumbar spine because the guidelines did not support pool/aqua therapy. It was not a medical prescription unless it was for definitive physical therapy. Specific PT guidelines must be followed if therapy was needed. The patient has had recent passive physical therapy and no justification has been presented in the clinical record for an extension of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY X6 SESSIONS OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22-23.

Decision rationale: According to pages 22-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, a medical report, dated 12/16/2013, cited the patient completed 4 sessions of PT and has been instructed in a HEP. Subjectively, the PT was only minimally helpful for her piriformis and was considering aquatic therapy as an alternative form of treatment. The patient was considered an obese with a body mass index of 32.78 kg/m². However, failure of land-based PT is not considered an indication for aquatic therapy. Moreover, it is only indicated for extreme obese or with fractures of lower extremity. Therefore, the request for aqua therapy x 6 sessions of the lumbar spine is not medically necessary.