

Case Number:	CM14-0007224		
Date Assigned:	02/12/2014	Date of Injury:	06/07/2013
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 37-year-old male who has submitted a claim for discogenic low back pain, lumbar myospasms, left leg pain and radiculopathy, left leg associated with an industrial injury date of June 7, 2013. Medical records from June 2013 through January 2014 were reviewed, which showed that the patient complained of ongoing low back pain. Patient's height is 5'11", weight of 300 pounds, and derived body mass index of 41.8 kg/m². Physical examination showed tenderness to the bilateral lumbosacral paraspinals and the sacroiliac joints bilaterally. Gait was minimally guarded. Heel and tip to toe gait was performed with no difficulty. There was decreased range of motion in all directions. Straight leg raising test was positive on the left at 90 degrees and negative on the right at 90 degrees. Treatment to date has included 24 sessions of chiropractic treatment, 12 sessions of aquatic therapy, 12 sessions of physical therapy, and medications, which include Norco, Protonix and Anaprox. Utilization review from December 20, 2013 denied the request for continued aqua therapy twice a week for six weeks because there is a lack of scientific support for greater functional benefit or medical necessity for chronic pain patients. Aquatic therapy is seldom necessary and scientifically has little to support its ongoing use for back pain. There were also no evident outlier reasons stated why patient may not perform land exercises. Also, prior physical therapy treatments will have educated this patient in independent home program and patient may elect to independently undertake aquatic exercises. Patient also appeared able to undertake independent land or pool programs and there was no evident medical necessity established for the requested aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE TWELVE (12) AQUA THERAPY SESSIONS: 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 Aquatic Therapy Page(s): 22 & 99.

Decision rationale: According to page 22 of the California 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 or fractures of the lower extremity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, the injured worker already completed 12 sessions of aquatic therapy as mentioned on progress report dated 1/24/2014. Review of medical records show that the injured worker had less pain and range of motion was better. The injured worker walked without limping and sat comfortably. The injured worker had no problem with side rotation or side flexion of the torso or with the anterior flexion of the body. The injured worker can also lift and carry 15 pounds, stand for 1 hour at a time, walk 15 minutes, sit for 20 minutes, reach above the head and reach forward with bending of the back. Although the injured worker is extremely obese, there is no documented medical necessity established indicating the need for continued aquatic therapy since functional goals were already achieved. Therefore, the request to Continue Twelve Aqua Therapy Sessions is not medically necessary.