

Case Number:	CM14-0009045		
Date Assigned:	02/12/2014	Date of Injury:	06/14/2006
Decision Date:	08/04/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Health 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 45-year-old female who has submitted a claim for lumbosacral neuritis, neck sprain, lumbago, neuralgia/neuritis, and cervicalgia, associated with an industrial injury date of June 14, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent stabbing low back pain that radiated down to both lower extremities with numbness and tingling. Patient's height is 5'2", weight of 141 pounds, and derived body mass index of 25.8 kg/m². Physical examination showed that there was tenderness over the paraspinal musculature. Lumbar range of motion was within normal limits. Braggard's, Patrick's, Kemp's tests and Tripod sign were all positive bilaterally. Gait test revealed a limp. Deep tendon reflexes of the knees and ankles were normal. There was diminished sensation over L5 dermatomes bilaterally. Sensation was intact in all other dermatomes. Straight leg raising test was negative. Treatment to date has included medications, extracorporeal shockwave treatment, physical therapy, acupuncture, chiropractic treatments, and epidural steroid injections. Utilization review from January 7, 2014 modified the request for outpatient aquatic physical therapy twice a week for six weeks to aquatic therapy twice a week for five weeks because a trial of aquatic therapy within the MTUS recommendation for up to 8-10 sessions was reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic pool therapy two (2) times per week over six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

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 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 patient is just overweight and does not satisfy guideline recommendations for aquatic therapy. There was no documentation provided in the medical records that the patient was unable to tolerate land-based therapy. Furthermore, there was no documented medical necessity established indicating the need for aquatic therapy. Therefore, the request for AQUATIC POOL THERAPY TWO (2) TIMES PER WEEK OVER SIX (6) WEEKS is not medically necessary.