

Case Number:	CM14-0009793		
Date Assigned:	02/21/2014	Date of Injury:	03/26/2007
Decision Date:	11/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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 & 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:

This is a 30-year-old female with a 3/26/07 date of injury. According to a progress report dated 11/13/13, the patient had ongoing complaints of low back pain which has been getting progressively worse, along with her radiating leg symptoms. She is approximately 6 months pregnant at this time. She rated the pain as a 7/10. The provider has recommended a course of aquatic physical therapy because of her pregnancy. Objective findings: tenderness in the lumbosacral region decreased lumbar range of motion, positive straight leg raise. Diagnostic impression: lumbago, displacement of lumbar intervertebral disc without myelopathy. Treatment to date: activity modification. A UR decision dated 12/26/13 denied the request for aquatic therapy 2 x week x 5 weeks to the lumbar. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x week x 5 weeks (10) lumbar: Upheld

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

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

Decision rationale: CA MTUS states that 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. However, in the present case, it is unclear if this patient has had previous aqua therapy sessions. Guidelines support up to 6 sessions for an initial trial and up to 9 visits over 8 weeks for lumbago. The requested 10 sessions is in excess of guideline recommendations. Therefore, the request for aquatic therapy 2 x week x 5 weeks (10) lumbar was not medically necessary.