

Case Number:	CM14-0102428		
Date Assigned:	07/30/2014	Date of Injury:	01/27/2014
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 injured worker is a 37 year old female who reported an injury on 01/27/2014. She reportedly slipped and fell. She was noted to be obese, have lumbosacral musculoligamentous sprain/strain with associated left lower extremity radiculitis and left sacroiliac joint sprain, and emotional complaints of depression/stress secondary to chronic pain and disability. The MRI of the lower back revealed prominent disk lowering and some compromise at the foramen. The 05/22/2014 note shows she was "very obese." Also noted was a positive straight leg raise with bilateral back pain. On 07/15/2014 she reported she had completed 4 of 12 aqua therapy sessions and she noticed increased range of motion; however, her left lower extremity numbness/tingling was worsening. Her lumbar flexion was noted at 30 degrees and extension at 6 degrees. She was ambulating with a cane. It was noted she was taking Norco 5/325mg 4-5tablets per week, and Xanax intermittently for headaches. The injured worker was able to perform ADL's and had improved participation in therapy program while taking pain medication. The rationale for request was not provided. The request for authorization form was submitted 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Low Back; Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical medicine treatment Page(s): 22; 98-99.

Decision rationale: Based on the information submitted for review, the request for Aquatic Therapy 3 times per week for 4 weeks is not medically necessary. The injured worker reported she slipped and fell. Her lumbar MRI revealed she had prominent disc lowering and some compromise at the foramen. As per the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable such as extreme obesity. Up to 10 visits of aquatic therapy plus active self directed home exercise may be recommended for patient with unspecified myalgia to promote functional gains. The injured worker was noted to be obese and to have had limited benefit from land-based physical therapy. She reportedly noticed an increase in range of motion with aquatic therapy; however, she also reported worsening lower extremity numbness/tingling. It was not noted whether she continued to have functional deficits. In addition, the requested number of visits exceeds the guidelines' recommendation for a maximum of 10 visits. Therefore, the request for Aquatic Therapy 3 times per week for 4 weeks is not medically necessary.