

Case Number:	CM14-0106967		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2010
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Illinois. 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 44-year-old female who reported an injury on 05/19/2010. The mechanism of injury was noted to be unloading boxes from trucks. The injured worker's diagnoses were noted to be lumbar degenerative disc disease and left sacroiliitis. Prior treatments included an epidural steroid injection, a left sacroiliac joint injection, physical therapy, and medications. On 06/11/2014, the injured worker presented for a medical re-evaluation. It was noted in the primary treating physician's medical re-evaluation that the injured worker remains symptomatic and awaited further treatment. The physical examination noted the injured worker a normal appearing female, ambulating with an antalgic gait. She was in no acute distress. Inspection of the lumbar spine noted normal lordosis. There was no evidence of previous surgical intervention, deformity, or overlying skin lesions. She had tenderness to palpation of the bilateral paraspinals, bilateral quadratus labarum, and bilateral sacroiliac. There was no spasm. No pelvic tilt. Range of motion of the lumbar spine was 35 degrees with flexion, 15 degrees with extension, 15 degrees with right flexion, and 15 degrees with left flexion. She had positive sitting root and straight leg raise at 70 degrees on the right and 60 degrees on the left. Her pin wheel test sensory dermatomes were decreased from L5-S1 on the left. Patellar reflexes L4 and Achilles S1 were within normal limits bilaterally. The provider's rationale for the request was noted in the treatment and recommendation of the primary treating physician's medical re-evaluation dated 06/11/2014. Treatment recommendation was for pool therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Pool Therapy visits for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22 Page(s): 22.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines allow 8 to 10 visits over 4 weeks. Although the provider noted in a treatment note that the injured worker suffers from obesity, it is not noted that the injured worker cannot do land-based therapy. In addition, the provider's request for 12 pool therapy visits is in excess of the guidelines' maximum of 10 visits. Therefore, the request for 12 Pool Therapy visits for the Lumbar Spine is not medically necessary.