MAXIMUS Federal Services

Case Number:	CM14-0107912		
Date Assigned:	08/01/2014	Date of Injury:	08/16/2012
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 39-year-old female who reported an injury on 08/16/2012. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included lumbar sprain/strain and low back pain. The injured worker's past treatments included medications, the use of urine drug screens, and physical therapy. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history was not clearly indicated in the clinical notes. On 05/20/2014, the injured worker complained of low back pain. There were no indications of the intensity of this low back pain. The physical exam findings were not indicated. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of the use of aquatic therapy for 12 sessions. A request was received for aquatic therapy 2 times a week for 6 weeks of the lumbar spine. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times a week for 6 weeks of the Lumbar Spine: 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/Physical Medicine Page(s): 22/98-99.

Decision rationale: The request for aquatic therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy where available, as an 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, for extreme obesity. The California Guidelines recommend 9 to 10 visits over 8 weeks for the indication of myalgia. Based on the clinical notes, the injured worker had complaints of low back pain with no indication of the intensity of this pain. Active therapy is based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. Also, the clinical notes failed to identify any diminished abilities to perform activities of daily living or decreased function. The use of physical medicine is contingent on controlling symptoms such as pain, inflammation, and swelling, and the improvement of soft tissue injuries. The clinical notes failed to identify any significant deficits in flexibility, strength, endurance, function, and range of motion. Additionally, the clinical notes failed to identify the efficacy of previous physical therapy sessions. The Guidelines recommend aquatic therapy where reduced weight bearing is desirable. The clinical notes failed to indicate that the injured worker had difficulties walking or ambulating and that weight bearing was an issue. Therefore, due to the lack of documentation indicating decreased functionality, significant pain, and evidence of decreased range of motion, the request is not supported. Therefore, the request for aquatic therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.