

Case Number:	CM14-0109931		
Date Assigned:	08/01/2014	Date of Injury:	11/17/2011
Decision Date:	09/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 62 year old female who sustained an injury to her low back on 11/17/11 when she bent over to lift a potted plant off of a shelf. Clinical note dated 06/18/14 reported that the injured worker complained of low back pain 7/10 on the visual analogue scale (VAS) with associated numbness in bilateral feet. Physical examination noted that the injured worker ambulated with slightly less pain since beginning aqua therapy. There was improved range of motion with flexion/extension by 20% following therapy. Treatment to date included aqua therapy, opioids, activity modifications, work restrictions, and cognitive behavioral therapy visits. MRI of the lumbar spine dated 01/17/14 revealed evidence of a left sided C6-7 disc protrusion and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x per week for 3 weeks on the lumbar: 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 Page(s): 22.

Decision rationale: The request for aquatic therapy 2 times per week for 3 weeks for the lumbar spine is not medically necessary. Previous request was denied on the basis that there was a lack of rationale provided within the available clinical documentation as to why this injured worker would require aquatic therapy versus more traditional land-based therapy. Additionally, it remains unclear how many visits of aquatic therapy the injured worker has already received. The CA MTUS recommends up to ten visits over eight weeks using this modality as an option form of exercise therapy, where available, as an alternative to land based therapy. Aquatic therapy (included swimming) can minimize the effects of gravity, so is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. No information was submitted indicating the injured worker has a comorbidity that inhibits them from being able to participate in traditional land-based physical therapy. Given this, the request for aquatic therapy 2 times per week for 3 weeks for the lumbar spine is not indicated as medically necessary.