

Case Number:	CM14-0012151		
Date Assigned:	02/21/2014	Date of Injury:	08/12/2011
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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:

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left buttock and associated with numbness in the right lower extremity. The patient was noted to be obese. She is 5 feet 7 inches tall, weighs 245 pounds, and derived body mass index is 38.37 kg/m². Physical examination revealed tenderness over paraspinal muscles overlying the facet joints. Lumbar spine range of motion test revealed pain with extension and bilateral side bending. DTRs were within normal limits. Straight leg raise test was negative bilaterally. Treatment to date has included L5-S1 laminectomy (2008), medications, 6 sessions of physical therapy and 12 sessions of aquatic therapy. Utilization review from January 14, 2014 denied the request for Aqua Therapy because the patient has already had adequate course of similar therapy without documented sustained functional improvement and without new hard clinical indications for need for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 or fractures of the lower extremity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, the patient has already completed 12 sessions of aquatic therapy. Although the patient is obese, there was no documented medical necessity established indicating the need for continued aquatic therapy, or evidence that the patient was unable to tolerate land-based therapy. There was also a lack of evidence for documented functional gains in activities of daily living or reduced medication use, with previous aquatic therapy sessions. Furthermore, the request did not specify the number of sessions needed. Therefore, the request for Aqua Therapy is not medically necessary.