

Case Number:	CM14-0014557		
Date Assigned:	02/28/2014	Date of Injury:	06/10/1997
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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:

Patient is a 67-year-old female who has submitted a claim for low back pain, lumbar discogenic pain syndrome, degenerative disc disease, lumbar facet joint pain, lumbar radiculopathy, and depression associated with an industrial injury date of 06/10/1997. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity, associated with knee buckling. Patient had episodes of fall due to instability. This resulted to difficulties performing mobility and activities of daily living. Patient reported that previous sessions of aquatherapy resulted in increased strength tolerance to activity, and decreased pain / muscle tightness. Anthropometric examination showed a height of 5'7, weight of 163 lb, and a derived body mass index of 25.5 kg/m². Right lower extremity strength was 4+/5, while left was graded 5-/5. Sensation was diminished at bilateral L4-L5 dermatomes. Bilateral calf atrophy was noted. Sciatic notches and sacroiliac joints were tender. Patrick's sign and Gaenslen's maneuver were positive on the right. Straight leg raise test was positive bilaterally. Gait was antalgic. Treatment to date has included lumbar surgery, aquatic therapy, acupuncture, physical therapy, and medications. Utilization review from 01/13/2014 denied the request for aquatic therapy (lumbar) two times six because of insufficient evidence of a flare-up of symptoms warranting return to a rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (Lumbar) two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient previously completed a course of 20 visits of physical therapy (land-based and aquatic). Patient was apparently well until there was progressive low back pain radiating to the right lower extremity associated with knee buckling. This resulted to instability; hence, there were episodes of fall. Patient is not obese, however, she has intolerance to land-based therapy at present due to increased fall risk. The medical necessity for enrollment to aquatic therapy has been established. However, most recent progress report from 02/28/2014 cited that treatment plan included a one-year membership to aquatic therapy at a local gym. Patient appeared to tolerate an independent form of exercise; hence, there is no clear indication for a supervised aquatic therapy at this time. Therefore, the request for Aquatic Therapy (Lumbar) two times six is not medically necessary.