

Case Number:	CM14-0014609		
Date Assigned:	02/28/2014	Date of Injury:	02/12/2003
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
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:

This is a 57-year-old male patient with a 2/12/13 date of injury. 12/17/13 progress report indicates unchanged low back pain radiating to both lower extremities. The patient reports headaches. The patient reports slight decrease in pain levels and improvement of strength, function, and range of motion with aquatic physical therapy. If the CT exam demonstrates lumbar tenderness, spasm, limited lumbar range of motion, positive straight leg raise test on the left, left EHL weakness, diminished sensation in the left L5 and S1 dermatomes. Treatment to date has included L4-5 interbody fusion in 2006, appendectomy, medication, according therapy x 6, activity modification. There is documentation of a previous 1/27/14 adverse determination for lack of consideration for self-directed exercise; membership to a health center with pool access; and lack of assessment of objective response to previous aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Additional aquatic therapy sessions: Upheld

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

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

Decision rationale: CA MTUS states that 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. However, while the patient subjectively reports 'slight' improvement with aquatic therapy, objective measures to corroborate the extent of functional improvement were not assessed. There is no evidence of indications for reduced weightbearing. There is no discussion as to why land-based PT would be insufficient. There remains the concern over lack of transition to independent exercise. Therefore, the request for six additional aquatic therapy sessions is not medically necessary.