MAXIMUS Federal Services

Case Number:	CM14-0014779		
Date Assigned:	02/28/2014	Date of Injury:	03/12/2012
Decision Date:	07/22/2014	UR Denial Date:	01/06/2014
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:

The patient is a 33-year-old female who has submitted a claim for degenerative disc disease, lumbar sciatica, lumbar sprain/strain, and lumbar spinal stenosis, associated with an industrial injury date of March 12, 2012.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and intermittent hip pain. The patient is 5 feet tall and weighs 141 pounds, and the derived body mass index is 27.53 kg/m2. Physical examination revealed tenderness at the base of the lumbar spine. Range of motion were as follows: forward flexion to 70 degrees, extension to 25 degrees, and lateral bending to 30 degrees bilaterally. Straight leg raise test was negative. Femoral stretch test was negative. Motor exam was intact in all the major muscle groups of the lower extremities. Sensation was intact. Treatment to date has included medications, lumbosacral support, physical therapy, and aquatic therapy.Utilization review from January 10, 2014 denied the request for aquatic therapy twice a week for four weeks because prior physical therapy treatment have educated the patient in independent home program and she may elect to independently undertake aquatic exercises. There was also a lack of evidence for documented functional gains in activities of daily living or reduced medication use, with aquatic therapy and no evident medical necessity was established for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2X4: 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 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 completed an unknown number of aquatic therapy sessions. Review of medical records show that the patient had less pain and her range of motion was better. A progress report dated 12/11/13 indicated that the patient tolerates land-based therapy. Also, the patient is just overweight and does not satisfy guideline recommendations for aquatic therapy. Furthermore, there was no documented medical necessity established indicating the need for aquatic therapy. Body part to be treated is likewise not specified. Therefore, the request to AQUATIC THERAPY 2 X 4 is not medically necessary.