

Case Number:	CM14-0017724		
Date Assigned:	06/11/2014	Date of Injury:	05/27/2010
Decision Date:	07/31/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 05/27/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/11/2014 is handwritten and largely illegible. The diagnoses indicated were lumbago, cervicalgia, and joint leg pain. The injured worker reported constant lower back pain with residual weakness to his right lower extremity and cervical pain with radiculitis. On physical examination, there was tenderness with the lumbar spine and cervical spine with spasms and decreased range of motion. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted a request for aquatic therapy. A Request for Authorization dated 03/11/2014 was submitted for aquatic therapy, for the lumbar spine; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Session For The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for for 8 Aquatic Therapy Session For The Lumbar Spine is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is a lack of documentation regarding the injured worker's inability to participate in a land-based exercise, such as decreased weight-bearing or obesity. In addition, the injured worker has had prior physical therapy; however, the number of sessions and efficacy was not provided to support additional sessions. Moreover, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Therefore, the request for aquatic therapy is not medically necessary.