

Case Number:	CM14-0114720		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2006
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation 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 male patient with the date of injury of October 16, 2006. A Utilization Review was performed on July 10, 2014 and recommended non-certification of aquatic therapy 2 times per week for 6 weeks in treatment of the lumbar spine. A PR-2 Follow-Up Report dated June 4, 2014 identifies Subjective Complaints of constant, severe dull and aching low back pain, which radiates to bilateral leg/foot associated with weakness. Physical Examination identifies lumbar spine range of motion is severely impaired. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is positive lumbar facet loading maneuvers bilaterally, left greater than right. Sensory was diminished in the L5 dermatome of the lower extremity. Diagnoses identify displacement of lumbar intervertebral disc without myelopathy, degenerative disc disease, and lumbar spine spondylosis without myelopathy. Treatment Plan identifies the patient would very much benefit form water therapy both for mental well-being, pain and muscle tone. She states that it helped before. Request authorization for aquatic physical therapy, twice a week for six weeks, for a total of 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy 2 times per week for 6 weeks in treatment of the lumbar spine, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Physical therapy guidelines recommend 12 visits. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy 2 times per week for 6 weeks in treatment of the lumbar spine is not medically necessary.