

Case Number:	CM14-0141979		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2009
Decision Date:	11/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 claimant injured her low back on 09/20/09 when she lifted a 24 pack of bottled water to put it in a cart and felt a pop in her low back. Aquatic physical therapy for 12 visits is under review. She had an AME on 05/02/14. She was told she had herniated disks on an MRI. She completed several sessions of PT but had a lot of pain. She underwent injections and then surgery in November 2010. She required repair of a dura tear and had a second surgery in November 2010. She completed 12 sessions of postop therapy and was released to work but could not do it and did not go back to work. On 05/21/14, physical examination revealed a stiff gait and she used a walker and had drop foot on the left. She had diminished range of motion of the lumbar spine and tenderness with guarding. She was given Prilosec and aquatic therapy was recommended for 12 visits. On 06/18/14, she was requesting stronger narcotics and a pain management consultation was recommended. Aquatic therapy was recommended along with a spine surgery consultation and urologic consultation and treatment. She had urinary stress incontinence. On 07/08/14, she attended a physical therapy evaluation. Her goals were to have less pain and get back to normal. On 07/15/14, she was evaluated and surgery was being recommended for neurologic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapytwo times a week for six weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

Decision rationale: The history and documentation do not objectively support the request for aquatic therapy for 12 sessions. The MTUS state "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based 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." The claimant reportedly completed postop PT and returned to work following her surgeries. There is no clinical information that indicates that she is unable to complete a land based exercise program and it is not clear what significant or sustained benefit may be anticipated from aquatic therapy. She is also being referred to a spine surgeon and it is not likely that aquatic therapy will help her to avoid surgery that may be recommended. She has few findings that would support a request for aquatic therapy. There is no evidence that the claimant has attempted and failed or remains unable to complete her rehab with an independent HEP. The medical necessity of Aquatic Therapy for 12 sessions for the claimant's chronic conditions has not been clearly demonstrated.