

Case Number:	CM14-0150215		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2007
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male, who has submitted a claim for lumbar post-laminectomy syndrome and low back pain radiating to both legs associated with an industrial injury date of April 23, 2007. Medical records from 2014 were reviewed, which showed that the patient complained pain in the lower extremities and back. Physical examination of the lower extremity revealed a motor exam of 4/5 on bilateral lower extremities. There was a decreased sensation in the left lateral and posterior leg. Deep tendon reflex are +1 and symmetric. BMI was 36.48, with a weight of 285 lbs and a height of 72 inches. Treatment to date has included medications, s/p L3-S1 fusion, ESI and s/p spinal cord stimulator. Utilization review from August 27, 2014 denied the request for aquatic therapy, qty: 6 sessions because there is no available data to support the appropriateness of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, QTY: 6 sessions: 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): 22.

Decision rationale: As stated on page 22 of 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. In this case the patient was prescribed aquatic therapy in order for him to walk in long distances. The patient has a BMI of 36.48 kg/m², which is not classified as extreme obesity. Progress notes reviewed showed that the patient could tolerate walking. It was also mentioned in the previous progress notes that the patient walks regularly. Furthermore, there was no indication why the patient could not participate in a land-based physical therapy program. Likewise, the request did not specify body part to be treated. Therefore, the request for aquatic therapy, qty: 6 sessions is not medically necessary.