

Case Number:	CM14-0150623		
Date Assigned:	09/18/2014	Date of Injury:	06/16/2009
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 Medical and Rehabilitation and is licensed to practice in New York. 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 58 year old female presenting with a history of a work related accident that occurred on 6/16/2009. She injured her lower back and has reported persistent back pain since that time. She was diagnosed with chronic lumbar radiculopathy. She underwent conservative treatment that included 12 sessions of aquatic therapy. Her treating physician is requesting 10 additional sessions 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 2 times a week for 5 weeks for the lumbar spine (Qty 10): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

Decision rationale: The Official Disability Guidelines state that 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 (e.g.

extreme obesity). However, the injured worker was not documented as being obese. In addition, the Medical Treatment Utilization Schedule also states that aquatic therapy is beneficial in injured workers when reduced weight bearing is needed as it would be in injured workers that were morbidly obese or had advanced osteoarthritis. However, this injured worker was not documented as being morbidly obese or as having advanced osteoarthritis in the medical records. Therefore, the request for aquatic therapy 2 times a week for 5 weeks for the lumbar spine would not be considered medically necessary.