

Case Number:	CM14-0172196		
Date Assigned:	10/23/2014	Date of Injury:	02/25/2013
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Practice 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 40-year-old female claimant who sustained a work injury on February 24, 2013 involving her lower back. She was diagnosed with lumbar spine strain, lumbar disc protrusion, peripheral neuropathy and obesity secondary to industrial injury. She had some benefit from aqua therapy in the past. The progress note on September 12, 2014 indicated the claimant had persistent back pain. She was awaiting surgery for her back but it was recommended to lose weight. Physical exam findings were notable for lumbar paraspinous muscle spasms and a positive straight leg raise test bilaterally. There is no evidence of sensory or strength or reflex abnormalities. The treating physician requested an additional 12 sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

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

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

Decision rationale: According to the guidelines, 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 guidelines also limit aquatic therapy to that of physical therapy which is equivalent to 10 sessions. The claimant had already undergone an unknown amount of aquatic therapy sessions. There is no indication that the claimant cannot perform land-based exercises. There is no indication that the claimant requires reduced weight-bearing. The request for 12 additional sessions of aquatic therapy as above is not medically necessary.