

Case Number:	CM14-0020503		
Date Assigned:	04/30/2014	Date of Injury:	01/04/2005
Decision Date:	08/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 43-year-old male who reported an injury on 01/04/2005 with the mechanism of injury not cited within documentation provided. In the clinical notes dated 12/13/2013, the injured worker complained of low back pain and stiffness. Prior treatments have included physical therapy, surgeries, and prescribed medications. The physical examination of the lumbar spine revealed tenderness about the lower lumbar paravertebral musculature. The range of motion revealed forward flexion to 60 degrees, extension to 10 degrees, and lateral bending to 30 degrees. There was a mildly positive sitting straight leg raise bilaterally. The diagnoses included status post anterior lumbar interbody fusion L5-S1 and mild stenosis, L3-4 and L4-5. The treatment plan included a request for a short course of aquatic therapy for treatment of the injured worker's acute exacerbation of his low back at 3 times a week for the next 4 weeks for 12 visits. The Request for Authorization was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY 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: The request for 12 aquatic therapy sessions is not medically necessary . The California MTUS 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, for example extreme obesity. The recommended frequency of visits is 8 to 10 visits over 4 weeks. In the clinical notes provided for review, there is a lack of documentation of the injured worker having issues with weight bearing. There is also a lack of documentation of a failure of other conservative therapies such as physical therapy and prescribed medications. Furthermore, the request exceeds the recommended frequency of 8 to 10 visits over 4 weeks. Therefore, the request for 12 aquatic therapy sessions is not medically necessary.