

Case Number:	CM14-0021692		
Date Assigned:	03/07/2014	Date of Injury:	01/20/2011
Decision Date:	07/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Rehabilitation, 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 injured worker is a 58-year-old female with a reported injury on 01/20/2011. The mechanism of injury was not provided within the clinical notes. A homemaker note dated 06/18/2014 revealed that the injured worker required assistance due to bilateral leg weakness. A comprehensive physical examination was not provided within the clinical notes. Clinical notes with a physician assessment was also not provided for review. It was reported that the injured worker fell to knees due to her bilateral leg weakness. The provider requested aquatic therapy 12 sessions for the lumbar spine, there is a lack of clinical documentation with physician rationale. The Request for Authorization was submitted on 01/07/2014. The injured worker's prior treatments were not provided within the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 12 SESSIONS (2X6) LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for aquatic therapy 12 sessions to the lumbar spine is not medically necessary. The injured worker complained of bilateral leg weakness and fell to her knees. Clinical documentation including physician's rationale for aquatic therapy was not provided within the clinical notes. The California MTUS guidelines recommend aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is not enough clinical information indicating the rationale of aquatic therapy rather than a land-based physical therapy. A comprehensive physical examination performed by a physician was not provided within the clinical documentation. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is not enough documentation indicating the injured worker had significant functional deficits. Given the information provided, there was insufficient evidence to determine appropriateness of aquatic therapy to warrant medical necessity; as such, the request is not medically necessary.