

Case Number:	CM14-0022594		
Date Assigned:	05/09/2014	Date of Injury:	07/25/2007
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/22/2014

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, Pennsylvania and Ohio. 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 underlying date of injury in this case is 07/25/2007. The primary diagnosis is lumbar intervertebral disc displacement. The treating diagnoses additionally include cauda equinus syndrome with neurogenic bladder, lumbago, radial styloid tenosynovitis, and postlaminectomy syndrome. This patient has previously received aquatic therapy training. On 05/06/2014, the treating physician submitted a prescription for a 6-month gym membership for the purpose of an aquatic therapy program. The treating physician noted that the patient had completed 20 sessions of aquatic physical therapy and was released to an independent pool program and she did not require skilled therapy. The treating physician notes that the patient requires pool access for the program in which she has been educated and to allow for nonweight bearing in the pool since the patient is obese and has severe lumbar pain and demonstrated efficacy in a pool program rather than a land-based treatment program. Previously on 02/11/2014, the treating physician noted that the patient continued to work on an opioid taper and was progressing well in that regard due to establishment of a solid physical therapy program in a pool. The treating physician noted the patient was progressing in function and did not need physical therapy but needed pool access for an independent aquatic exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY PROGRAM X 3 MONTHS ON THE LUMBAR: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, page 22, states that aquatic therapy is recommended as an optional exercise therapy as an alternative to land-based therapy. The prior physician review noted that the medical records did not establish the presence of obesity or an indication as to why this patient required aquatic rather than land-based therapy. It is not clear if the prior reviewer had access the current complete file. The medical records specifically indicate that obesity was a barrier to prior land-based therapy and that the patient has reported not only increased function but also a reduction in medication use with aquatic exercises as opposed to land-based exercise. In this situation, the patient does specifically meet the treatment guidelines to support a continued aquatic exercise program. The medical record clarifies that the purpose of this program is for gym membership to allow the patient to continue an independent aquatic exercise program. This treatment is medically necessary.