

Case Number:	CM14-0023613		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2010
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 31-year-old female who reported an injury on 01/30/2010. The injured worker complained of having increased pain in the left leg. On physical examination dated 02/14/2014 there was tenderness to palpation over the lumbar spine, very tender over the left sacroiliac joint. The injured worker's diagnoses are sacroiliac syndrome, lumbar spine myofascial symptomatic, lumbar spine pain symptomatic. The injured worker's medication was tramadol. The injured worker's past treatments/diagnostics include aquatic therapy which was completed on 02/05/2014 and lumbar fusion, date unknown. Treatment plan was for an 8 additional sessions of aquatic therapy 2 times a week times 4 weeks. The request for authorization form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) Additional sessions of aquatic therapy (2X4): 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 and Therapy, Physical Medicine Page(s): 22 and 99.

Decision rationale: The request for 8 additional sessions of aquatic therapy 2 times a week times 4 weeks is not medically necessary. The Chronic Pain Medical Treatment Guidelines indicate 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 effect of gravity so it is specifically recommended where weight bearing is desirable, for example, extreme obesity. Water exercise improves 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. Guidelines also indicate that active therapy requires an internal effort by the individual to complete a specific task or exercise. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical medical guidelines allow for fading of treatment frequencies (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine; myalgia and myositis (unspecified), 9 to 10 visits over 8 weeks; neuralgia, neuritis, and radiculitis (unspecified), 8 to 10 visits over 4 weeks; reflex sympathetic dystrophy, 24 visits over 16 weeks. Although the injured worker is complaining of pain and tenderness over the lumbar spine, there was no mention subjectively or objectively were reduced weight bearing is desirable or that the injured worker is extremely obese. Therefore, the request for 8 additional sessions of aquatic therapy 2 times a week times 4 weeks is not medically necessary.