

Case Number:	CM14-0027153		
Date Assigned:	06/13/2014	Date of Injury:	05/31/2013
Decision Date:	07/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 Illinois. 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 42-year-old female who reported an injury on 05/31/2013 according to the Independent Medical Review (IMR) form; however, all clinical documentation has entry date as 11/25/2013 due to unknown mechanism. The injured worker complained of low back pain, bilateral hip pain, pain is greater on the left hip than the right. The injured worker has complained of moderate intermittent dull aching low back pain that restricts movement, especially rotation and flexion. Symptoms are aggravated by rotation, flexion, and direct pressure. Her activities of daily living are restricted secondary to decreased endurance. The injured worker also complaints of low back pain that periodically radiates down to both of her legs. Her right leg is aggravated by rotational movements as well as direct pressure. On physical examination dated 01/17/2014 there was tenderness to palpation bilateral paraspinal muscles from L1 to S1. Mild bilateral muscle tightness without frank muscle spasms is present. Straight leg raise was negative on the right as well as the left. The injured worker's diagnoses include low back pain, left hip joint pain, and lumbar spondylosis. The plan was for aquatic therapy for the lumbar spine 2 sessions per week for 3 weeks. The injured worker has no medication documented on clinical dated 01/17/2014. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine two sessions per week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Physical Medicine Page(s): 22, and 99.

Decision rationale: The request for aquatic therapy for the lumbar spine two sessions per week for three weeks is not medically necessary. According to the California Medical Treatment Utilization Schedule, aquatic therapy was recommended as an optional form of exercise therapy, where available, as an alternate to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is especially recommended where reduced weight bearing is desirable, for example extreme obesity. 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. The Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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 frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Myalgia and myositis, unspecified have 9 to 10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis unspecified have visits of 8 to 10 over 4 weeks. Reflex sympathetic dystrophy has 24 visits over 16 weeks. There is no clinical documentation objectively or subjectively of the injured worker having any difficulty with weight bearing and there is no mention of obesity. In addition, there is no other documentation to support the medical necessity for aquatic therapy. As such, the request for aquatic therapy for the lumbar spine two sessions per week for three weeks is not medically necessary.