

Case Number:	CM14-0029628		
Date Assigned:	04/09/2014	Date of Injury:	08/17/2007
Decision Date:	08/05/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 63-year-old with a reported date of injury of August 17, 2007. The patient has the diagnoses of cervical and lumbar degenerative disc disease. Treatment modalities have included medication, epidural injections, surgery, postoperative physical therapy and aquatic therapy. The most recent progress noted provided from the primary treating physician dated December 23, 2013 states the patient has continued back, hips and bilateral leg pain. Physical exam showed palpable tenderness over the iliolumbar spine and superior trapezius and pain with flexion and extension. Treatment plan consisted of exercise, continued medications, H-wave therapy and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical and lumbar spine, twice weekly for twelve weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes the following recommendations concerning aquatic therapy and chronic pain: 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. 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. According to the progress notes provided, the patient does self-report his weight at 358 pounds. Certainly this reported weight qualifies as extreme obesity. However, there is no documentation of how many previous aquatic therapy sessions the patient has completed. The number of supervised visits per the physical medicine guidelines under the chronic pain section in the Chronic Pain Medical Treatment Guidelines would be eight to twelve sessions. The request for is not medically necessary or appropriate.