

Case Number:	CM14-0031401		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2006
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 & 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 73-year-old female who reported an injury on 03/01/2006. The mechanism of injury was a fall. The diagnoses include T4 through L4 severe left scoliosis, left lumbar facet syndrome, left sacroiliac joint dysfunction, hypertension, and left greater trochanteric bursitis. The previous treatments included 12 aquatic therapy sessions, medication, facet injections, and radiofrequency ablation. The clinical note dated 02/20/2014 reported the injured worker complained of low back pain. The injured worker reported she has no pain and has 100% relief. The injured worker denies lower extremity radiating pain, numbness, walking, bowel and bladder dysfunction. On the physical examination, the provider noted limited range of motion of the lumbar spine. Lower extremities were grossly intact with normal sensation. The provider requested aqua therapy to prevent deterioration of the current lumbar symptomatology. However, the request for authorization was not submitted in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY MEMBERSHIP TIMES ONE (1) YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The injured worker complained of left low back pain. She noted improvement with the radiofrequency ablation with no pain and 100% relief. 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 for reduced weight-bearing as 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 MTUS guidelines note for neuralgia and myalgia, eight to ten visits over four weeks. In this case, there is a lack of documentation indicating the injured worker had failed land based therapy. There is a lack of documentation indicating the injured worker to be extremely obese. The request submitted failed to provide the efficacy of the prior aquatic therapy sessions. The request submitted failed to provide the frequency of the sessions. Therefore, the request for aquatic therapy membership times one year is non-certified.