

Case Number:	CM14-0036192		
Date Assigned:	07/09/2014	Date of Injury:	11/17/2011
Decision Date:	08/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Pain Medicine 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 61-year-old female who sustained an industrial injury on November 17, 2011. The injured worker's diagnoses include chronic low back pain, lumbar disc degeneration, lumbosacral strain, neuritis, and myalgia. Conservative therapies to date have included pain medications, work restrictions, and assistive device for ambulation, and a home exercise program. The patient was noted on January 14, 2014 to have suffered a flare-up of low back pain. Comorbidities include polyneuropathy of the bilateral lower extremities. The patient is documented as being overweight with a height of 5'2 and 202lbs (documented in January 2014), making her BMI of 36.6. The disputed request is for 10 sessions of aquatic therapy. A utilization review determination had noncertified this request because current land-based treatment and response to it were not outlined nor were progress reports regarding recent land-based physical therapy 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 (warm pool) 2xWK x5WKS Lumbar: Overturned

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

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

Decision rationale: The guidelines recommend aquatic therapy as an alternative to land-based therapy when minimizing the effects of gravity is desired. The patient is documented as being overweight with a height of 5'2 and 202lbs, making her BMI of 36.6. According to a progress report on January 6, 2014, the patient is temporarily totally disabled and her last day of work was on November 22, 2011. The patient has significant functional impairments and physical therapy notes indicate that the worker has poor postural control and body mechanics. During testing, the patient exhibited increased fear avoidance behavior. Other physical therapy notes include an examination on April 18, 2014. In this note, there is specification the patient has tried land-based physical therapy without significant symptomatic relief. Given the documentation of failure of land-based physical therapy, and the documentation that the patient not only has significant obesity but also fear avoidance behaviors when evaluated by a physical therapist, the request for aquatic therapy is medically necessary at this time.