

Case Number:	CM14-0037726		
Date Assigned:	06/25/2014	Date of Injury:	07/31/2000
Decision Date:	12/10/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 68-year-old female who sustained an injury on 7/31/00. As per the 2/18/14 report, she presented with continued low back pain with symptoms of radicular pain down her left leg with a severity level of 7, without any significant weakness, numbness, or tingling and was told previously that she had adjacent disc disease and would likely need surgery. Examination revealed paraspinous tenderness and straight leg raise test on the right elicited back pain and on the left pain radiated to the left. She previously underwent L5 discectomy and possible fusions. Current medications include Vicodin and Zonisamide. She has previously had aquatic therapy which reportedly helped her but there was no documentation of any functional benefit from the therapy. Diagnosis includes low back pain. The request for Aquatic Therapy 2x wk x 6 wks Lumbar (12) was denied on 2/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x wk x 6 wks Lumbar (12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: As per CA MTUS Guidelines, "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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity or in OA. Guidelines recommend 3-4 visits per week with documented evidence of functional improvement in the first two weeks for additional visits. In this case, there is no evidence of a need to minimize the effects of gravity for exercise therapy. Nonetheless, the records indicate that the IW has previously had aquatherapy; however, there is no documentation of any significant improvement in the objective measurements (i.e. pain level, ROM, strength). Moreover, additional aquatic therapy would exceed the guidelines recommendation. Therefore, the requested service is considered not medically necessary as the guidelines criteria are not met.