

Case Number:	CM14-0038180		
Date Assigned:	04/18/2014	Date of Injury:	03/04/2009
Decision Date:	07/02/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 61-year-old female with a date of injury on 03/04/2009 diagnosed with chronic lumbar pain with radiculopathy. Previous treatment has included physical therapy, activity modification, cortisone injection to the left hip, and aquatic therapy. As of 02/05/14, the patient had completed 15 of 16 improved aquatic physical therapy sessions. An additional 16 sessions of aquatic therapy for the lumbar spine 2 times per week 8 weeks was previously non-certified at utilization review, noting that the CA MTUS guidelines allow for up to 10 physical therapy sessions to address acute exacerbations of chronic pain with subsequent continuation of active therapies at home has an extension of the treatment process. On 03/04/14 progress note, medications were listed as amitriptyline, Celebrex, Cymbalta, fish oil and vitamins. The patient reported physical therapy was very beneficial. She worked 1.5 hours per session including half-hour of jogging in place and water. Objective findings noted mild tenderness to the mid gluteal area to palpation and mild tenderness to the right sacroiliac joint to palpation. L5-S1 interspace was tender. Strength was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 SESSIONS OF ADDITIONAL AQUATIC THERAPY FOR THE LUMBAR SPINE, 2 X PER WEEK FOR 8 WEEKS (MARCH-APRIL 2014): Upheld

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

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

Decision rationale: The CA MTUS indicates that 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. In this case, the patient has a date of injury in 2009 and has completed physical therapy previously, most recently with 16 sessions of aquatic therapy authorized. Documentation does not describe the need for a reduced weight bearing environment, or specific musculoskeletal impairments that would prevent performance of a land based program, nor are there noted impairments that would support the need of additional supervised rehabilitation (land or water based) as opposed to performance of a regular self-directed home exercise program. MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As such, the requested aquatic therapy for 16 sessions 2 x per week x 8 weeks is not medically necessary.