

Case Number:	CM14-0042605		
Date Assigned:	06/30/2014	Date of Injury:	01/11/2010
Decision Date:	09/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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 48-year-old had a date of injury on 1/11/2010. The mechanism of injury was not noted. In a progress noted dated 3/28/2014, subjective findings included severe low back pain with radiation into the left lower extremity as well as numbness and tingling. She also has persistent pain in the neck. On a physical exam dated 3/28/2014, objective findings included she is a graduate of functional restoration program and continues to do home exercises she learned at the program and use the coping techniques as she learned. Diagnostic impression shows degeneration lumbar disc, sprain of neck, sprain lumbar region, sprain of thoracic region. Treatment to date: medication therapy, behavioral modification, aquatic therapy, physical therapy A UR decision dated 4/3/2014 denied the request for aquatic therapy 2 times/week for 6 weeks, stating that patient recently completed 4 sessions of aqua therapy without objective evidence of significant improvement in pain or function. Additional aqua therapy will not allow this patient to transition to a self-directed land based home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Medicare and Medicaid Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter:aquatic therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. ODG recommends 8-10 visits over 4 weeks, and it was noted on a 1/28/2014 progress note that this patient has had at least 10 aqua therapy visits with helped decrease muscle spasm in her neck and back. Additionally, in a progress report dated 3/28/2014, the patient is noted to have graduated from functional restoration program and is using home exercises she learned from the program. Therefore, the request for Aquatic Therapy, two times a week for six weeks, is not medically necessary or appropriate.