

Case Number:	CM14-0045122		
Date Assigned:	08/08/2014	Date of Injury:	01/02/2013
Decision Date:	09/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 38 year old male with a date of injury of January 2, 2013. He stepped on a hose with his left foot. This caused the left lower extremity to roll inward and he twisted his hip and back. He complained of low back pain and sharp, shooting pains down the leg that extended to the feet bilaterally. He was diagnosed with lumbar strain with radiculopathy, left hip strain, lumbago, left foot contusion, and tenosynovitis. He received a lumbar epidural steroid injection on June 5, 2014 for pain from bulging discs. He also took medications and had physical therapy twice a week for 2 months which consisted of massage, electrical stimulation and exercises. He is on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: Aquatic therapy is recommended. Passive therapy, those treatment modalities that do not require energy expenditure on the part of the injured worker, can provide

short term relief during the early phases of pain treatment. They are directed at controlling symptoms such as pain, inflammation and swelling. They also improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). The injured worker would be instructed and expected to continue active therapies at home as an extension of the treatment process, in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical treatment utilization schedule guidelines for physical medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. Per medical treatment utilization schedule guidelines, 8-10 visits over 4 weeks for radiculitis are recommended. The amount requested for this worker with back pain with radiculopathy is 2 times per week for 8 weeks or a total of 16 sessions, which exceeds the recommended amount. Therefore, the request of Aquatic Therapy 2 times per week for 8 weeks is not medically necessary and appropriate.