MAXIMUS Federal Services

Case Number:	CM14-0059872		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2000
Decision Date:	09/12/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 40-year-old female who reported an injury on 04/12/2000. The mechanism of injury was not provided within the documentation submitted for review. Her diagnosis was noted to be lumbar disc protrusion and chronic myofascial pain. Prior treatments were noted to be medications. The injured worker presented for a clinical evaluation with subjective complaints of low back pain she indicated is aggravated by sitting in the car. She notes this intermittent pain is rated a 5/10 to 10/10 on a pain scale, with some radiation to her lower extremities, with needle-like sensations to the legs rated a 2/10. Objective findings on the physical examination were noted to be significant tenderness in the paralumbar musculature. She also had sciatic stretch signs and a positive straight leg raise test at 40 to 45 degrees in both the supine and seated position. The treatment plan was for medication refills. The provider's rationale for the request was not indicated within the clinical evaluation. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua/water therapy sessions: Upheld

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 request for aqua/water therapy sessions is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy 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. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines provide up to 10 visits over 8 weeks. The documentation provided does not indicate weight bearing implications to warrant water-based therapy, as opposed to land-based therapy. The provider's request fails to indicate a number of visits over a treatment period. As such, the request for aqua/water therapy sessions is not medically necessary.