

Case Number:	CM14-0062558		
Date Assigned:	07/11/2014	Date of Injury:	04/07/2012
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The item denied or modified was simply stated as 'aquatherapy.' This claimant was injured April 7, 2012. She injured the low back assisting a resident to walk. There was low back pain with numbness and radiation to the lower extremities. An MRI showed an annular tear. The March 18, 2014 PR2 noted there is low back pain radiating to the left leg. The treatment plan simply stated 'pool therapy'. There was no real physical examination recorded, and no medicines were noted. A December 17, 2013 record noted the patient had disc herniation at L4-5. There were eight prior sessions of therapy. A note from September 17, 2013 notes there is disc herniation, and she has a new month of a seven month old baby, and is breastfeeding, limiting for now therapeutic and diagnostic choices. There was an extensive impairment study. I did not find a recorded weight or BMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Aqua Therapy. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) preface PT.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines notes that aquatic or pool 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 claimant, there is no documentation of extreme obesity. No weight or BMI (body mass index) is noted to support extreme or morbid obesity. Moreover, objective functional improvement out of early therapy efforts are not available to insure more therapy has odds of being functionally beneficial. The request for aqua therapy is not medically necessary or appropriate.