

Case Number:	CM14-0066809		
Date Assigned:	07/11/2014	Date of Injury:	11/25/2010
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 58-year-old female with an original date of injury of November 25, 2010. The patient carries diagnoses of cervical spine strain, cervical disc protrusion, Pryor cervical spine surgery, lumbar radiculitis, chronic low back pain, lumbar disc protrusion, right shoulder tendinosis and adhesive capsulitis, left wrist sprain, left wrist chronic overuse syndrome, right thumb tenosynovitis, depression, and sleep disturbance. The patient is being treated with topical pain medications and antispasm medications. The disputed request is for aquatic therapy directed at the lumbar spine area there is a report on January 31, 2014 that indicates that the patient is being prescribed aquatic therapy per a secondary treating physician, but authorization is not being requested at this time. There is also documentation in a progress note on March 12, 2014 that the patient had a flareup of pain yesterday at aquatic therapy and was taken to the emergency room.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back updated 03/31/14.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the following regarding aquatic therapy, "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains."In this case, the injury date was over 4 years ago. The guidelines do specify for aquatic therapy, but the duration and course of physical therapy should follow land-based guidelines. In the submitted documentation there is no clarification as to how many sessions of physical therapy were attended prior to initiation of aquatic therapy, and the functional outcome of such therapy. Therefore the request for aquatic therapy twice a week for four weeks for the lumbar spine is not medically necessary and appropriate.