

Case Number:	CM14-0066878		
Date Assigned:	07/11/2014	Date of Injury:	04/26/2007
Decision Date:	09/29/2014	UR Denial Date:	04/29/2014
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 and 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 56-year-old female who sustained an injury on 04/06/07. According to a progress note of 04/16/14, the patient reported persistent low back pain radiating to the left leg with some weakness about the left leg. There was some evidence of hyporeflexia and reduced sensorium noted about the left foot as well as weakness about the left ankle. The patient's gait is not detailed or described. Thus far, past treatments include analgesic medications, unspecified amounts of chiropractic manipulative therapy. She also received transfer of care to and from various providers in various specialties. MRI of the lumbar spine revealed evidence of compression of S1 nerve root and facet arthrosis in the lower lumbar spine. Diagnoses included chronic low back pain, lumbar disc disease, facet arthrosis, nerve root irritation, and radiculitis in the left leg. In year 2007 LESI was contemplated but never accomplished. Surgery was recommended in 2009 but she denied undergoing. She is on Tramadol twice a day for pain relief. The patient had multiple sessions of physical therapy prior to 2009. The request for Pool Therapy 3 x 4, lumbar spine/left leg was denied due to lack of medical necessity on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 3 x 4, Lumbar Spine/Left Leg.: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, aquatic 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, such as for extreme obesity or severe knee arthritis. 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, there is no documentation that the injured worker is unable to participate in land based physical therapy. There is no mention of any specific rationale. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels Therefore, the request is considered not medically necessary.