

Case Number:	CM14-0068814		
Date Assigned:	07/14/2014	Date of Injury:	07/31/2007
Decision Date:	10/06/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 42-year-old male who has submitted a claim for lumbar radiculopathy, lumbar disc displacement without myelopathy, and s/p ankle arthroscopy associated with an industrial injury date of 7/31/2007. Medical records from 5/1/2013 up to 4/23/2014 were reviewed showing that the patient was approved for 8 sessions of aquatic therapy and as per PR dated 4/23/14, he has completed 7 sessions with significant benefits. His pain level is now at 4-5/10 compared to 7-10/10 prior to aquatic therapy attendance. He also has reduced his Fexmid intake from OD to prn (for flare ups) but continues to experience flare-ups when activity is pushed beyond his limits. He is also able to work full time. Physical examination showed BMI of 36.26. Lumbar examination showed limited ROM due to pain. There was left paravertebral muscle spasm, tenderness, tightness, and trigger points. Patient cannot walk on heels and toes. SLR test is positive on the left side. Treatment to date has included aquatic therapy 8 sessions, Lidoderm, Ultram, gabapentin, and Fexmid. Utilization review from 5/1/2014 denied the request for Additional Aquatic Therapy x 8. There is no documentation that the recent physical therapy has resulted in reduced medication use or other functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 99.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is 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. According to page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. Recommendation is 9-10 visits over 8 weeks. In this case, the patient's BMI is 36.26 kg/m² and has been approved for 8 sessions of aquatic therapy. He was documented to have completed 7 sessions. Patient reported a significant decrease in pain level from 7-10/10 to 4-5/10. He also has reduced his Fexmid intake from OD to prn (for flare-ups) but continues to experience flare-ups when activity is pushed beyond his limits. However, his physical examination was virtually unchanged since 11/2013. Moreover, the requested additional visits would be over the recommended timeline stated by the guidelines. He should be transitioning to a home based program at this time. Moreover, body part to be treated was not specified. Therefore, the request for Additional Aquatic Therapy x 8 is not medically necessary.