

Case Number:	CM14-0085654		
Date Assigned:	07/25/2014	Date of Injury:	11/06/2010
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 32 year old female who reported an injury on 11/06/2010 due to picking up a mini refrigerator. The injured worker diagnoses are lumbar spine strain, right sacroiliac strain, and lumbar spine radiculitis. Past treatment included 16 sessions of physical therapy completed last year date not included, per 04/30/2014 clinical note helped 25%, status post epidurals, right sacroiliac injection and facet rhizotomy. Diagnostic testing not provided. Surgical history not documented. The injured worker complained of intermittent moderate to low back pain. Physical examination on 04/30/2014 of lumbar spine revealed moderately tender right paralumbar musculature with spasms. The range of motion included forward flexion of 60 degrees and lateral flexion of 40 degrees. Medication history was not included in documentation (Medications were not documented). The treatment plan is for Aquatic Therapy/Exercises 4 visits over 4 weeks. The request for authorization was submitted 05/06/2014. The requested rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for aquatic therapy/exercises 4 visits over 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, and Physical therapy Page(s): 22, 98-99.

Decision rationale: The injured worker complained of intermittent moderate to low back pain. Physical examination on 04/30/2014 noted lumbar spine range of motion included forward flexion of 60 degrees and lateral flexion of 40 degrees. The California MTUS guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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 recommend 8-10 sessions over 4 weeks. Within the provided documentation there is a lack of documentation demonstrating the injured worker's need for aquatic therapy as opposed to land based therapy. There is a lack of documentation indicating the injured worker's response to prior active treatment. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, there is a lack of documentation demonstrating why the injured worker would require therapy with reduced weight bearing for the lumbar spine. As such, the request for Aquatic Therapy/Exercises 4 visits over 4 weeks Lumbar Spine is not medically necessary.