

Case Number:	CM13-0007927		
Date Assigned:	11/08/2013	Date of Injury:	09/24/2010
Decision Date:	04/01/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 37 year old female who sustained an industrial injury on 09/24/2010. She has reported low back pain with radicular symptoms. Diagnoses include lumbar sprain/strain and sprain, lumbosacral. Treatments to date include lumbar surgery followed by physical therapy and current treatment with a pain psychologist. A progress note from the treating provider dated 07/15/2013 indicates the IW complains of ongoing low back and bilateral leg pain, worse on the left. Examination found she had decreased sensation to light touch in the left L3-S1 dermatomes. Straight leg raise was positive on the left, and she was very tender to palpation throughout her left lumbar paraspinals and left gluteus medius muscle. The IW in a supplemental report of 07/29/2013 that indicates that she was not able to tolerate any of the physical therapies other than lying on a table and having electrical stimulation. Notes from her physical therapy indicated mostly seated activities were engaged involving some leg lifts and other low level exercises. The treatment plan with aquatic therapy was to progress to an active exercise based rehabilitation program. On 07/30/2013 Utilization Review non-certified a request for AQUATIC THERAPY TWO TIMES A WEEK FOR FOUR WEEKS IN TREATMENT TO THE BACK. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO TIMES A WEEK FOR FOUR WEEKS IN TREATMENT TO THE BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013, Lumbar Chapter.

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

Decision rationale: Per the MTUS, 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 for example in extreme obesity. Recommendations on the number of supervised visits were according to physical medicine guidelines, A review of the injured workers medical records indicate that she has already had at least 18 sessions of land-based physical therapy and there was no mention of extreme obesity being a factor in the request for aquatic therapy. Aquatic therapy can minimize the effects of gravity, however there was nothing in her physical findings to suggest she was having issues with gravity following her low back surgery her physical examination revealed normal gait, normal motor strength in her lower limbs, she was able to walk on her heels and toes without difficulty as well as step onto a stool. It would appear that her current inability to tolerate land-based physical therapy is more of a motivation issue. Per the MTUS, active therapy requires an internal effort by the individual to complete a specific exercise or task, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore based on the guidelines it does not appear that aquatic therapy will be beneficial for this injured worker and the request for aquatic therapy two times a week for four weeks in treatment to the back is not medically necessary.