

Case Number:	CM13-0018266		
Date Assigned:	06/06/2014	Date of Injury:	11/05/1996
Decision Date:	03/30/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 73-year-old female, with a reported date of injury of 11/05/1996. The diagnoses include postlaminectomy syndrome of the lumbar region. Treatments have included oral medications and an x-ray of the lumbar spine on 08/15/2013. The progress report dated 07/18/2013 indicates that the injured worker complained of low back pain. She rated the pain 4 out of 10. An examination of the low back showed decreased pain with extension, limited range of motion, normal flexion without pain, tenderness to palpation over the bilateral lumbar paraspinal muscles, vertebral tenderness at the midline lumbar region, negative bilateral straight leg raise test, and intact sensory to light touch at L2-S1. The treating physician requested eight (8) aquatic therapy sessions. The rationale for the request was not indicated. On 08/20/2013, Utilization Review (UR) denied the request for eight (8) aquatic therapy sessions, noting that there was no specific justification of medical necessity given for aquatic therapy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Aquatic Therapy for the low back 2 times per week for 4 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines Page(s): 22, 98-99.

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

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based PT and/or independent home exercise. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.