

Case Number:	CM14-0120420		
Date Assigned:	09/22/2014	Date of Injury:	12/07/2009
Decision Date:	03/30/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 12/07/2009. The mechanism of injury was a slip and fall. His diagnosis was noted as low back pain. His past treatments were noted to include medication, surgery, physical therapy, activity modification, and a home exercise program. His diagnostic studies were not provided. His surgical history was noted to include a laminectomy performed in 2009. During the assessment on 06/17/2014, the injured worker complained of increased low back pain. He also complained of ongoing left hip pain and rated the pain a 7/10 to 8/10. The physical examination revealed the injured worker walked with a normal gait and had a normal heel to toe swing through gait with no evidence of limp. There was no evidence of weakness with walking on toes or the heels. There was no palpable tenderness to palpation of the paravertebral muscles bilaterally. There was evidence of tenderness over the left sacroiliac joint. His dorsal pedis and posterior tibial pulses were present. There was decreased sensation over the right L3, L4, and S1 dermatome distributions. Range of motion of the lumbar spine revealed flexion of 30 degrees, extension of 11 degrees, left lateral bending of 25 degrees, and right lateral bending of 21 degrees. His medication list was noted to include Prilosec DR 20 mg, Cymbalta 60 mg, Lyrica 75 mg, Prozac 20 mg, Motrin 800 mg, Percocet 10/325 mg, OxyContin 20 mg, Zanaflex 4 mg, and Dilantin 100 mg. The treatment plan was to request 12 sessions of aquatic therapy. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 x 4 weeks Lumbar spine.: 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: The request for aquatic therapy 3x4 weeks for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend aquatic therapy 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 extreme obesity. The clinical documentation did not indicate that the injured worker's treatment plan was to reduce weight bearing during physical therapy. There was no rationale provided indicating why aquatic therapy would be preferred over land based therapy. As such, the request for aquatic therapy 3x4 weeks lumbar spine is not medically necessary.