

Case Number:	CM14-0161196		
Date Assigned:	10/06/2014	Date of Injury:	07/23/2012
Decision Date:	01/02/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 23, 2012. In a Utilization Review Report dated September 8, 2014, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator's report was some eight to ten pages long and invoked a variety of MTUS and non-MTUS guidelines. The now-outdated, now-renumbered MTUS 9792.20e was invoked. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6/10. The applicant stated that she was having difficulty performing her exercises owing to concerns of making her pain worse. The applicant was using Norco on a twice daily basis, it was acknowledged. The applicant's complete medication list included Relafen, Norco, Flexeril, Tenormin, Norvasc, Prozac, and Ativan. Twelve sessions of aquatic therapy were endorsed while multiple medications were refilled. Permanent work restrictions were renewed. The attending provider stated that the applicant was unable to perform home exercises on her own owing to fear that her pain complaints will be worsened. The attending provider stated that aquatic therapy would be beneficial on the grounds that it would put less stress on the joint. The applicant was, however, described as seemingly exhibiting an unencumbered gait without an assistive device needed. The applicant was described as moderately obese; however, her height, weight, and BMI were not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 Visit for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it is not clear that reduced weight bearing is, in fact, desirable here. While the applicant is obese, the applicant's height, weight, and BMI were not described or characterized on the August 26, 2014 progress note on which aquatic therapy was sought. The applicant was described as exhibiting a normal gait on the August 26, 2014 office visit on which aquatic therapy was sought. It does not appear, thus, that the applicant is an individual in who reduced weight bearing is desirable. The 12 sessions of aquatic therapy being sought, furthermore, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.