

Case Number:	CM14-0190498		
Date Assigned:	11/24/2014	Date of Injury:	08/28/2010
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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 patient is an injured worker with the diagnoses of lumbosacral strain and lumbosacral disc degeneration. The date of injury is 08/28/2010. The functional restoration program discharge summary report dated August 27, 2014 documented that the patient had chronic pain due to the lumbosacral strain, lumbosacral disc degeneration, adjustment disorder with depressed mood, abnormality of gait, and cervical radiculopathy. Mechanism of injury was motor vehicle accident. The functional restoration program (FRP) report dated August 27, 2014 documented that the patient had completed 20 weeks of the FRP functional restoration program, which included weekly physical therapy PT treatments. The FRP functional restoration program began 4/7/14 and was completed 8/22/14. The progress report dated 9/30/14 documented subjective complaints of head, neck, lower back, and shoulder pain. Objective findings were documented. No tenderness to palpation was noted. Lower extremity weakness was noted. He is in no apparent distress. He is alert and oriented to person, place, time, and event. Judgement, insight, and memory appear intact. Breathing is unlabored. No warmth over the joints noted. No erythema noted over joints. No crepitus noted in the joints. Patellar reflex are 1+ bilaterally. Achilles tendon reflex are 1+ bilaterally. He was ambulating with a four wheel walker with hand brakes and a seat. His four wheel walker with hand brakes and a seat has been helpful and effective for short distances particularly around the neighboring home. Diagnosis was lumbosacral disc degeneration. The treatment plan included a request for aqua therapy three times a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3xwk x 8wks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22,99. Decision based on Non-MTUS Citation ODG- Low Back

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The functional restoration program (FRP) report dated August 27, 2014 documented that the patient had completed 20 weeks of the FRP functional restoration program, which included weekly physical therapy PT treatments. The FRP functional restoration program began 4/7/14 and was completed 8/22/14. The progress report dated 9/30/14 documented a request for 24 aqua therapy visits. MTUS guidelines allows for 10 visits of aqua therapy. The request for 24 visits exceeds MTUS guidelines and is not supported. Therefore, the request for Aqua Therapy 3xwk x 8wks for lumbar spine is not medically necessary.