

Case Number:	CM14-0193793		
Date Assigned:	12/01/2014	Date of Injury:	06/19/2005
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 American Board of Family Practice 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:

This 41-year old male claimant sustained a work injury on 6/19/05 involving the low back. He was diagnosed with sciatica and post-laminectomy syndrome. He had placement of a spinal cord simulator. A progress note on 10/17/14 indicated the claimant had continued low back pain. He has had difficulty with a home exercise program. He has used aqua therapy, in the past, which had helped him. This was noted from a physician request a gym membership with pool access in January 2013. Spinal exam was not noted. The physician requested a gym membership again with pool access for 12 additional sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for the low back 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, exercise Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines(web) : Gym Membership

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

Decision rationale: According to the guidelines, aqua therapy is recommended as an option for exercise therapy, 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 number of visits recommended is limited to approximately 8 visits. In this case, the claimant completed an unknown amount of aquatic therapy in the past. The additional 12 sessions exceeds the amount recommended by the guidelines and is not medically necessary.