

Case Number:	CM14-0209242		
Date Assigned:	12/22/2014	Date of Injury:	12/25/2013
Decision Date:	02/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 33-year-old woman who sustained a work-related injury on December 25, 2013. Subsequently, she developed chronic low back pain. According to the progress note dated November 28, 2014, the patient had sciatica worse with sitting, standing and bending. Her pain had improved only after her second epidural steroid injection. It was noted that after her first steroid injection, the patient experienced fluid retention and weight gain, which resulted in transient lateral femoral cutaneous neuralgia. On exam, the gait was antalgic. There was full range of motion of the hips, knees, and ankles. Sensation was intact in lower extremities. Reflexes were 2+ bilaterally. 5/5 strength bilaterally. The patient's diagnoses included lumbar strain with lumbosacral radiculopathy, and obesity. The progress report dated December 10, 2014 documented that the patient was still complaining of lower back pain. The patient had good leg pain relief after the second ESI. The patient was 272 lbs and 5'7". The provider recommended that she needs to be enrolled in a weight loss program in order to decrease low back pain. The provider requested authorization for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Aquatic Therapy for the Right Ankle, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): <https://www.acoempracguides.org/>, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: According to MTUS guidelines, aquatic therapy is <recommended 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007) >. There no clear evidence that the patient have difficulty performing land based physical therapy There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of aquatic therapy for the right ankle is not medically necessary.