

Case Number:	CM14-0218044		
Date Assigned:	01/07/2015	Date of Injury:	11/06/1990
Decision Date:	05/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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, North Carolina
Certification(s)/Specialty: Family Practice

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 63-year-old female, who sustained an industrial injury on 11/06/1990. Initial complaints and initial diagnoses were not mentioned in the clinical notes provided. Treatment to date has included conservative care/therapies, medications, injections, lumbar fusion surgery (1995), and MRI of the lumbar spine (2013). At the time of request for authorization, the injured worker complained of ongoing neck and low back pain with radiation into the bilateral buttocks, increased hand pain, and increased depression. The injured worker reported that she had difficulty walking long distances due to the pain, and was no longer bike or do exercises secondary to the pain. Diagnoses included post lumbar laminectomy syndrome, lumbar radiculitis, lumbosacral spondylosis without myelopathy, myalgia and myositis, neuralgia/neuritis and radiculitis, chronic pain syndrome, and hip pain. The treatment plan consisted of aquatic therapy evaluation and treatment of 2-3 times per week for 4-6 weeks, drug screen, electrodiagnostic testing of the upper extremities, and x-rays of the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy evaluation and treatment of 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Request is made for aquatic physical therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, ROM and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process. In this case there is no indication that a home exercise program could not achieve the same results as aquatic therapy. Further, the records do not elucidate specific functional goals for aqua therapy that could not be met with home exercise. There are also no documentation of previous responses to aqua therapy. For these reasons, aqua therapy is not medically necessary.