

Case Number:	CM15-0004995		
Date Assigned:	01/16/2015	Date of Injury:	04/14/2006
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 45 year old male, who sustained a cumulative trauma industrial injury from April 4, 2006 through September 5, 2006. He has reported pain in the low back and bilateral feet and ankles and was diagnosed with osteoarthritis of the ankle and foot, lumbar spine herniated nucleus pulposus, lumbar disc disorder/myelopathy, peroneal tendinitis of the foot/ankle and sprain/strain of the deltoid ligament of the ankle. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, trigger point injections, ankle braces, surgical intervention of the back and right ankle, pain medications and a change in work status. Currently, the IW complains of pain in the low back and bilateral feet and ankles. The IW reported a cumulative injury affecting the low back and bilaterally feet and ankles. He reported continued pain with some improvement of the right ankle following an arthroscopic procedure. On December 17, 2014, evaluation revealed continued low back pain and left ankle and foot pain. There was pain noted in the right ankle however it was reported the pain had decreased since the surgical procedure on the right ankle. The IW requested the same procedure on the left ankle. He reported sleep disturbances, continued severe pain, the inability to work and sexual dysfunction related to pain. The recommendation was aquatic therapy of the low back and a brace for bilateral ankles as well as continued pain medication as needed. Previous therapy and aquatic therapy of the low back were noted without objective data supporting a significant increase in function or decrease in pain. It was noted trigger point injections were tolerated well. On December 17, 2014, Utilization Review non-certified a request for aquatic therapy of the low back, 3x6 sessions, noting the MTUS and ACOEM Guidelines were cited. On December 30,

2014, the injured worker submitted an application for IMR for review of requested aquatic therapy of the low back, 3x6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2-3 x 4-6 to lumbar/bilateral ankles: Upheld

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

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 is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. In addition, the patient has received 12 visits of aquatic therapy in 2014 with no documentation of functional improvement. Therefore, the prescription of aquatic therapy for lumbar/bilateral ankles is not medically necessary.