

Case Number:	CM15-0134948		
Date Assigned:	07/23/2015	Date of Injury:	08/24/2010
Decision Date:	08/19/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old female, who sustained an industrial injury on 8/24/2010. The injured worker was diagnosed as having lumbar spine radiculopathy, status post lumbar spine surgery, right hip internal derangement, and status post left knee surgery. Treatment to date has included diagnostics, left knee surgery in 1/2012, lumbar spinal surgery in 7/2014, unspecified aqua therapy, home exercise, and medications. Currently, the injured worker complains of constant low back pain with radiation to the bilateral lower extremities, constant right hip pain, and constant left knee pain. The treatment plan included aquatic therapy for the lumbar spine, 2x4. The rationale provided was to improve range of motion and increase strength and flexibility. Her work status was total temporary disability. Progress notes from prior aquatic therapy sessions were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in August 2010 and continues to be treated for radiating low back pain, left hip pain, and right knee pain. Prior treatments have included aquatic therapy. In January 2015, continued aquatic therapy was recommended. In February 2015 stating aquatic therapy was requested. When seen, there was decreased range of motion. There was lumbar spine and gluteal tenderness. There was positive Patrick / Fabere testing. The claimant's BMI is 32. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and has already participated in aquatic therapy sessions. Transition to an independent pool program would be expected and would not require the number of requested treatments. The request is not medically necessary.