

Case Number:	CM15-0138975		
Date Assigned:	07/28/2015	Date of Injury:	05/31/2013
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina, Georgia
 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:

This injured worker is a 56 year old female who reported an industrial injury on 5/31/2013. Her diagnoses, and or impression, were noted to include: chronic pain; lumbar radiculopathy; bilateral knee pain. No current imaging studies were noted. Her treatments were noted to include physical therapy; acupuncture therapy; chiropractic treatments; lumbar epidural steroid injections; medication management; and rest from work. The progress notes of 5/4/2015 reported a visit for pain medicine consultation and initial examination for complaints of frequent, moderate-severe neck pain that radiated down the bilateral upper extremities, accompanied by numbness, which interfered with sleep; constant, severe low back pain that radiated down the bilateral lower extremities, accompanied by tingling, aggravated by activities, and interfered with sleep; and constant, severe bilateral lower extremity pain, accompanied by numbness, and aggravated by activity. She reported significant relief of her pain with medications. Objective findings were noted to include: moderate-severe distress; a slow and antalgic gait; tenderness in the lumbosacral vertebral areas with moderate-severe limited painful range-of-motion and positive bilateral straight leg raise. The physician's requests for treatments were noted to include aqua therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299-300.
Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. In this case, the medical record documents morbid obesity and a need for reduced weight bearing during therapy. Aquatic therapy is medically indicated and necessary.