

Case Number:	CM15-0144173		
Date Assigned:	08/06/2015	Date of Injury:	09/22/2011
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 30 year old female, who sustained an industrial injury on 9-22-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, sciatica, lumbar disc displacement and lumbago. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-8-2015, the injured worker complains of moderate low back pain radiating to the left lower extremity, rated 7 out of 10. Physical examination showed painful lumbar range of motion with lumbar tenderness and spasm to palpation. The treating physician is requesting Aquatic therapy with therapeutic exercise and manual therapy 2 times a week for 5 weeks for lumbar spine # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy with therapeutic exercise and manual therapy 2 times a week for 5 weeks for lumbar spine qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

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

Decision rationale: The California MTUS section on aquatic therapy states: 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient does not have extreme obesity and therefore the request is not certified.