

Case Number:	CM15-0163993		
Date Assigned:	09/02/2015	Date of Injury:	10/19/1984
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 56 year old male, who sustained an industrial injury on 10-19-1984. The mechanism of injury was not described. The injured worker was diagnosed as having lumbago and bilateral sciatica. Treatment to date has included diagnostics, lumbar spinal surgery in 2003, right knee surgery in 2011, H wave, and medications. Currently, the injured worker complains of back pain with bilateral leg pain and burning. H wave use was documented to provide temporary relief of his lumbar pain, between 5-6 hours. Medications included Amlodipine, HCTZ, Simvastatin, and Singulair. He enjoyed golf and the outdoors. He denied recent substantial weight change and body mass index was not noted. Exam noted more pain to the lower thoracic and upper lumbar regions with direct palpation through the paralumbar muscles, right greater than left. He was able to forward flex hands to the floor, extend 10 degrees, and lateral bend 15 degrees. He did stand naturally in slight flexion. He had diminished sensation to touch of the lower extremities, no discrete dermatome identified. He was able to tolerate the exam comfortably. He was prescribed a topical compound medication. The treatment plan included self-directed aqua therapy, 1x week, for 6 months. The rationale for treatment was weight loss aid and core strengthening. A previous progress report (1-20-2015) noted his body mass index at 33.72%, at which time his gait and station were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy self directed, 1 time a week for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy self-directed one time per week times six months is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are lumbago; and bilateral sciatica. The date of injury is October 19, 1984 (30 years ago). Request for authorization is dated July 20, 2015. According to a new patient consultation dated May 19, 2015, the injured worker has ongoing low back pain that radiates to the bilateral lower extremities. The injured worker has had prior aquatic therapy. There are no aquatic therapy progress notes documented in the medical record. The total number of aquatic therapy sessions is not specified. There is no documentation demonstrating objective functional improvement with aquatic therapy. The injured worker had prior land-based physical therapy. There is no clinical rationale for additional land-based physical therapy or aquatic therapy. The BMI is 32.9. There is no documentation with a clinical indication for reduced weight bearing as an indication for aquatic therapy. There were no compelling clinical facts indicating additional aquatic therapy is clinically indicated. The treatment plan contains a request for a plan of self-directed aquatic therapy program for six months to aid in core strengthening and weight loss. A self-directed aquatic therapy program coincides with the guidelines for a gym membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior aquatic therapy demonstrating objective functional improvement, no clinical indication or rationale for additional aquatic therapy and guidelines non-recommendations for a gym membership (for self-directed aquatic therapy for six months to a core strengthening and weight loss), aquatic therapy self-directed one time per week times six months is not medically necessary.