

Case Number:	CM15-0196403		
Date Assigned:	10/12/2015	Date of Injury:	02/04/2015
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 34 year old male who sustained an industrial injury on 2-4-2015. A review of medical records indicates the injured worker is being treated for pain in joint of lower leg, lumbago, thoracic of lumbosacral neuritis or radiculitis not otherwise specified, and other back symptoms. Medical records dated 6-2-2015 noted lower back pain, right knee pain, and left side pelvic pain rated 7 out of 10. It is aggravated by bending over, lifting, prolonged sitting, prolonged standing, prolonged walking, and pulling. He is unable to work, perform household chores, socialize with friends, or participate in recreational activities. Physical examination noted range of motion to the lumbar spine was restricted. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band was noted on both sides. Spinous process tenderness was noted on L4 and L5. Range of motion was noted to the right knee with tenderness. There was tenderness over the left knee. Treatment has included acupuncture, physical therapy, Naproxen, Flexeril, and topical medications. Utilization review form dated 9-29-2015 noncertified aquatic therapy for the lumbar spine for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. 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 lumbar spine six sessions 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. In this case, the injured worker's working diagnoses are pain in joint lower leg; lumbago; thoracic or lumbosacral neuritis or radiculitis NOS; myalgia and myositis NOS; sleep disturbance; skin sensation disturbance; sprain and strain lumbar region; and knee, leg, ankle and foot injury NOS. Date of injury is February 4, 2015. Request for authorization is September 23, 2015. According to a September 15, 2015 progress note, subjective complaints include low back pain, right knee pain and pelvic pain 8/10. Objectively, there is decreased range of motion with spasm and tenderness of the lumbar spine. There is positive facet loading. The documentation indicates the injured worker has started physical therapy and has future appointments. The treating provider indicates the injured worker would benefit from aquatic therapy. There is no clinical rationale as to how aquatic therapy would be beneficial. There is no documentation of failed land-based physical therapy. There is no documentation demonstrating objective functional improvement with land-based physical therapy. There are no compelling clinical facts indicating aquatic therapy is warranted. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for aquatic therapy and no documentation of failed land-based physical therapy, aquatic therapy lumbar spine six sessions is not medically necessary.