

Case Number:	CM15-0197352		
Date Assigned:	10/12/2015	Date of Injury:	10/01/2000
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female who sustained an industrial injury on 10-1-2000. Diagnoses have included Post-laminectomy syndrome, lumbar disc displacement without myelopathy, and degeneration of lumbar disc, lumbar stenosis, lumbosacral radiculitis and facet arthropathic changes, lumbar. Documented treatment includes lumbar discectomy 2005, medication, and 4 out of 4 approved aqua therapy sessions as of 8-3-2015 stating she had experienced "better mobility, ability to stand, and better sleep." It is noted that a home exercise program has not been implemented. An aquatic therapy note dated 6-30-2015 verified these improvements and recommend 8 additional sessions. Previous treatments are not provided. On 8-3-2015 the injured worker presented with continued low back pain radiating into the right lower leg. The examination revealed tender paravertbral muscles, a tender right sciatic notch, and lumbar range of motion below the stated "normal." It was noted that all movements were painful. There was a decrease in sensation in the right buttock and thigh. The injured worker scored 43 on an impairment score categorizing her in a moderately severe impairment class. The treating physician's plan of care includes an additional 8 sessions of aqua therapy, but this was denied on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, eight 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, Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Regarding aquatic therapy, The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, the injured worker has already been approved for and completed 4 aquatic therapy sessions. This request for an additional 8 sessions exceeds the recommendations of the guidelines, therefore, the request for aqua therapy, eight sessions is determined to not be medically necessary.