

Case Number:	CM15-0201093		
Date Assigned:	10/16/2015	Date of Injury:	04/05/2011
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained an industrial injury on 4-5-2011. Medical records indicate the worker is undergoing treatment for lumbar laminoforaminotomy and microdiscectomy performed on 4/21/15. A recent progress report dated 8-10-2015, reported the injured worker complained of left shoulder pain and constant moderate low back pain and weakness, radiating to the bilateral lower extremities and tailbone and loss of sleep due to pain. Physical examination showed painful lumbar and left shoulder range of motion, lumbar paravertebral muscle spasm and trapezius spasm. Lumbar magnetic resonance imaging showed lumbar discogenic changes and broad based disc protrusion. Treatment to date has included acupuncture, surgery, unknown number of physical therapy visits and medication management. The physician is requesting 24 aqua therapy visits. On 9-18-2015, the Utilization Review noncertified the request for 24 aqua therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 aqua therapy visits: 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: 24 aqua therapy visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The documentation is not clear how many prior therapy sessions the patient has had and why she is not versed in a home exercise program. The documentation does not indicate that the patient cannot participate in land based therapy. The request for aqua therapy is not medically necessary.