

Case Number:	CM15-0201135		
Date Assigned:	10/16/2015	Date of Injury:	08/05/2011
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
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 51 year old female who sustained an industrial injury on 8-5-11. A review of the medical records indicates the worker is undergoing treatment for acquired spondylolisthesis and carpal tunnel syndrome. Subjective complaints (8-11-15) include lower back pain rated 7 out of 10, right lower extremity symptoms; including foot drop, pain worse with extended periods of walking or sitting, and increased muscle spasms. Objective findings of the lumbar spine (8-11-15) include sensation is decreased in the left L5 dermatome, straight leg raise is negative, and lumbar spine spasm and guarding. Dorsiflexion strength is 3 out of 5 on the right and hip flexion motor strength is 3 out of 5 left and right. It is noted she is not a good injection or surgical candidate. Previous treatment includes physical therapy, medication, and a functional restoration program. On 9-17-15, the requested treatment of aquatic therapy 12 times for the lumbar spine was modified to aquatic therapy 6 times for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 12 for the lumbar spine: 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: Aquatic therapy times 12 for the lumbar spine 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 MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The documentation states that the patient has had difficulty completing exercises and pool therapy was recommended. The documentation does not reveal extenuating circumstances that would recommend exceeding the MTUS Guideline recommended number of visits for this condition therefore this request is not medically necessary.