

Case Number:	CM15-0201526		
Date Assigned:	10/16/2015	Date of Injury:	05/29/2013
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
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: California

Certification(s)/Specialty: Emergency 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 36 year old male who sustained an industrial injury on 05/29/2013. Medical records indicated the worker was treated for Lumbar strain, rule out disc herniation, Left lower extremity radiating pain, rule out radiculopathy, obesity, and severe superolateral joint space narrowing of the left hip with subchondral; bone marrow edema and sclerosis, large joint effusion, and findings compatible with severe osteoarthritis, per MRI dated 02-09-2015. In the provider notes as of 09-28-2015 that persistent pain in the lumbar spine that he rates an 8 on a scale of 0-10 which is worse than his prior visit. The pain radiates to the cervical spine and left side of the head. The patient rates the pain in the cervical spine at a 7 on a scale of 0-10. The worker also has pain in the left hip and knee that he rates an 8-9 on a scale of 0-10. Medications include Percocet which the worker states is helpful. On exam, the worker has an antalgic gait pattern and uses a single point cane. The lumbar spine had marked tenderness to palpation and flexion was to 45 degrees with severe pain. Extension was with full active range of motion. Bilateral rotation was limited. Examination of the left hip revealed positive Patrick's sign and decreased range of motion. According to notes of 04-13-2015 (in the "discussion") segment: "He is scheduled to begin a weight loss program through [REDACTED] as well as continue aquatic therapy for the lumbar spine". There are no documented visits of aqua therapy in the records reviewed (04-13-2015 through 09-28-2015). A request for authorization was submitted for 12 Sessions of aquatic therapy for the lumbar spine. A utilization review decision 09/28/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Low Back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where the patient is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. Patient has 8 prior aquatic therapy sessions done in the past. There is no documentation as to what benefit has been gain and if patient is continuing self directed exercise and therapy. The maximum number of sessions recommended by guidelines is 10. This request alone exceeds maximum number recommended and lack of benefit from prior therapy does not support additional aqua therapy. Aquatic therapy is not medically necessary.