

Case Number:	CM15-0206426		
Date Assigned:	10/26/2015	Date of Injury:	06/05/2002
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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 74 year old male, who sustained an industrial injury on 6-5-2002. The medical records indicate that the injured worker is undergoing treatment for status post lumbar surgery (3-17-2015), lumbar spinal stenosis, and lumbar disc displacement without myelopathy. According to the progress report dated 9-3-2015, the injured worker presented with complaints of low back pain and stiffness. He reports good relief of leg pain and weakness. The physical examination of the lumbar spine did not reveal any significant findings. The current medications are not specified. Previous diagnostic studies include x-rays. Treatments to date include medication management, 20 physical therapy sessions, and surgical intervention. Work status is described as off work. The original utilization review (9-23-2015) had non-certified a request for 12 aquatic therapy sessions to 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 3x a week for 4 weeks for the lumbar spine: Upheld

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

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 three times per week times four weeks for the lumbar spine 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 spinal stenosis lumbar; and lumbar disc displacement without myelopathy. Date of injury is June 5, 2002. Request for authorization is September 16, 2015. The documentation according to a September 10, 2015 progress note shows the injured worker received #19 physical therapy versus aquatic therapy sessions. According to a September 3, 2015 progress note, subjective complaints include relief of leg pain weakness and low back pain stiffness. Objectively, wound is clean, calf is soft, and motor is 5/5. There is no documentation of failed land-based physical therapy. There is no height and weight in the medical record. There is no documentation indicating why reduced weight-bearing is desirable. There is no clinical rationale for aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy, no height and weight and no documentation indicating why reduced weight-bearing is desirable, aquatic therapy three times per week times four weeks for the lumbar spine is not medically necessary.