

Case Number:	CM15-0029274		
Date Assigned:	02/23/2015	Date of Injury:	09/11/2014
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 53 year old male who sustained an industrial fall injury on September 11, 2014. The injured worker was diagnosed with lumbar strain/sprain with radiculopathy. According to the primary treating physician's progress report on December 30, 2014 the injured worker continues to experience a dull, aching, weak sensation with accompanying stiffness, numbness and tingling of the lumbar area, right side worse than left. Symptoms of the lower extremities are improving. Forward flexion is 45 degrees; right lateral flexion at 18 degrees and left lateral flexion at 20 degrees with tenderness of the sacrospinal muscle and spinal joints from T12-S1. Dermatomes are symmetrical and intact. Positive Kemp's and Milgram's tests were documented. Current medications consist of Naproxen, Cyclobenzaprine, topical analgesic and Pantoprazole. Treatment modalities consist of physical therapy times 12 completed sessions with home exercise program and medication. The treating physician requested authorization for Aquatic Therapy 3x4. On January 22, 2015 the Utilization Review modified the certification for Aquatic Therapy 3x4 to Aquatic Therapy 2x3. Citations used in the decision process were the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3x4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 22.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) I am overturning the previous utilization review decision. There is evidence of objective functional improvement. The patient has not exceeded the maximum allowable number of visits for physical or aquatic therapy. Aquatic therapy 3x4 is medically necessary.