

Case Number:	CM15-0212998		
Date Assigned:	11/02/2015	Date of Injury:	07/29/2013
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 7-29-13. The injured worker was being treated for lumbago and history of lumbar discectomy. On 8-5-15 the injured worker notes prolong sitting tends to increase low back pain and on 9-2-15, the injured worker reports "everything is progressing as expected with the exception of lack of aqua therapy". He is temporarily totally disabled. Physical exam performed on 8-13-15 revealed well healed lower back incision, broad based gait and normal sensory exam and on 9-2-15 revealed tenderness of surgical car, but is has improved and decreased lumbar range of motion; it is also noted he is slow to get out of chair. Treatment to date has included oral medications including Norco 5-325mg and Robaxin, physical therapy (unknown number of sessions completed), L5-S1 discectomy (1-14-15) and activity modifications. On 10-2-15 request for authorization was submitted for Norco 5-325mg #90, Ibuprofen 800mg #60 and aqua therapy. On 10-9-15 request for aqua therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, unspecified: Upheld

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

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

Decision rationale: Aquatic therapy is 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested is unknown. The request for aqua therapy not medically necessary.