

Case Number:	CM15-0217246		
Date Assigned:	11/09/2015	Date of Injury:	08/22/2015
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/04/2015

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 54 year old male with an industrial injury date of 09-22-2006. Medical record review indicates he is being treated for cervicgia and lumbago. Subjective complaints (09-22-2015) included cervical spine pain that radiated to shoulders and elbows and lumbar spine pain that radiated down legs to feet. The treating physician indicated the injured worker had limitations of activities of daily living in self-care, communication, physical activities, sensory function and sleep. Prior treatment included physical therapy, back brace, epidural injection and injections to his knees and knee surgery. Medications (09-22-2015) included Amlodipine, Lisinopril, Omeprazole, Theramine, Naproxen, Fluoxetine, Simvastatin and Tramadol. Objective findings (09-22-2015) noted the injured worker ambulated with a cane. There was slight diffuse paravertebral musculature tenderness of the cervical spine. Lumbar spine was positive for diffuse slight lower lumbar paravertebral tenderness. On 10-14-2015 the request for aqua therapy 2 times a week for 6 weeks for cervical and lumbar spine 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 2x6 for Cervical and 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.

Decision rationale: The requested Aqua Therapy 2x6 for Cervical and Lumbar Spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, note that 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 injured worker has cervical spine pain that radiated to shoulders and elbows and lumbar spine pain that radiated down legs to feet. The treating physician has documented slight diffuse paravertebral musculature tenderness of the cervical spine. Lumbar spine was positive for diffuse slight lower lumbar paravertebral tenderness. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aqua Therapy 2x6 for Cervical and Lumbar Spine is not medically necessary.