

Case Number:	CM15-0223014		
Date Assigned:	11/19/2015	Date of Injury:	04/02/2012
Decision Date:	12/30/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Tennessee
 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:

This is a 64-year-old male with a date of industrial injury 4-2-2012. The medical records indicated the injured worker (IW) was treated for status post L4-L5 laminectomy and mild L4-L5 spondylolisthesis. At his 7-20-15 visit, he had mild low back pain and some left leg numbness. In the progress notes (10-8-15), the IW reported occasional left leg and buttock pain with movement. He was four-and-a-half month's postoperative L4-L5 laminectomy. On examination (10-8-15 notes), his lumbar incision was healed and no redness or drainage was present. Muscle strength was 5 out of 5 in all lower extremity muscle groups except the tibialis anterior and the extensor hallucis longus were 4 bilaterally. Straight leg raise was negative bilaterally. Treatments included aquatic therapy, at least 11 sessions in total, for the cervical and lumbar spine; medications (Voltaren, Norflex and Vicoprofen); and cervical epidural injections. The IW was disabled. His height was 65 inches, weight was 240 pounds and body mass index (BMI) was 39.93. Aquatic therapy was recommended for strengthening exercises. The physical therapist noted at the 10-14-15 re-evaluation that the IW had made progress and had increased core stability with the ability to lift his "bottom" off the table by a quarter bridges. It was also stated he lacked "good lumbar stability for sitting, standing, driving and walking 30 plus minutes". The therapist recommended further skilled physical therapy to address flexibility, range of motion and core stability for prior level of function with activities of daily living. A Request for Authorization was received for eight additional aquatic therapy sessions, twice a week for four weeks for the lumbar spine. The Utilization Review on 10-31-15 non-certified the request for eight additional aquatic therapy sessions, twice a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional aquatic physical therapy sessions, 2 times a week for 4 weeks for 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: Aqua 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. 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. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case documentation does not support that reduced weight bearing is desirable. In addition there is no documentation of objective evidence of functional benefit with the 12 visits of aqua therapy the patient has already received. The request should not be medically necessary.