

Case Number:	CM15-0034966		
Date Assigned:	03/03/2015	Date of Injury:	05/18/2010
Decision Date:	04/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/24/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on May 18, 2010. The diagnoses have included lumbar disc disease. Treatment to date has included aqua therapy, home exercise program education, head therapy and medications. Currently, the injured worker complains of ongoing lower extremity symptoms and notes tenderness to palpation of the lumbosacral spine. The injured worker has continued to perform her daily lower back exercises and has noted significant improvement from her aquatic therapy and daily exercises. On February 24, 2015 Utilization Review non-certified a request for continued pool therapy membership for one year for the lumbar spine, noting that there is limited evidence of intolerance to land-based therapy and associated symptoms that would require reduced weight bearing. In addition, there is limited report of pain upon weight bearing to support pool therapy. There is limited evidence of failure to improve from a home exercise program to support a gym membership. The California Medical Treatment Utilization Schedule was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of continued pool therapy membership for one year for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pool membership x 1 year (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, 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. 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 maybe required to preserve most of these gains. (Tomas-Carus, 2007) There is no clear evidence that the patient have difficulty performing land-based physical therapy. There is no documentation for a clear benefit from previous Aquatic therapy sessions. Therefore, the request for continued pool membership x 1 year (lumbar) is not medically necessary.