MAXIMUS Federal Services

Case Number:	CM15-0038574		
Date Assigned:	03/09/2015	Date of Injury:	03/11/2013
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58-year-old female who sustained an industrial injury on 3/11/13. The injured worker reported symptoms in the back and lower extremities. The diagnoses included lumbar disc disease and spondylolisthesis/bilateral neuroforaminal stenosis. Treatments to date include epidural steroid injection, stretching and exercise, physical therapy. In a progress note dated 2/10/15 the treating provider reports the injured worker was with "low back pain which has better with lumbar epidural steroid injection associated with numbness and weakness of left lower extremity."

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 24 sessions of aquatic therapy are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including slimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, and worker's working diagnoses are lumbar disc disease; and grade 1 spondylolisthesis/bilateral neuroforaminal stenosis. A progress note dated August 11, 2014 shows the injured worker received a trial of physical therapy and acupuncture with mild benefit. In a September 23, 2014 progress note, the treating physician indicated additional therapy would be a "good idea." In a progress note dated January 2015, the treating physician requested 24 sessions of aquatic therapy and 8 sessions of land-based physical therapy. Aquatic therapy is recommended as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity and is desirable where reduce weight bearing is indicated, for example extreme obesity. The medical record does not contain a height, weight or BMI. There is no clinical rationale for aquatic therapy. Additionally, when treatment duration and the number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts indicating additional physical therapy is, in fact, clinically warranted. There is no documentation with objective functional improvement in the medical record from prior physical therapy sessions. Consequently, absent compelling clinical documentation with objective functional improvement relating to prior physical therapy, height, weight and BMI and a clinical indication and rationale for aquatic therapy, 24 sessions of aquatic therapy are not necessary.