

Case Number:	CM15-0041271		
Date Assigned:	03/11/2015	Date of Injury:	05/21/2013
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on 5/51/2013. The details of the initial injury were not submitted for this review. The diagnoses have included low back pain, back stiffness, and left leg pain, cervical disc herniation with radiculopathy, bilateral wrist pain and left sacroiliitis. Treatment to date has included medication therapy, physical therapy and multiple epidural steroid injections, and trigger point injections with two weeks pain relief noted. Currently, the IW complains of back pain with radiation to lower extremities. The physical examination from 2/4/15 documented decreased Range of Motion (ROM) of lumbar spine, paraspinal tenderness and in sacroiliac joint. There is a positive straight leg raise test bilaterally. The plan of care included medication as previously prescribed and aqua therapy twice to three times weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, three times a week for six weeks (18 total): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical therapy Page(s): 22, 98-99.

Decision rationale: This patient has a date of injury of 05/21/13 and presents with low back pain. Request for Authorization is dated 02/20/15 requests "aqua therapy: 2-3 times a week for six weeks." The current request is for AQUA THERAPY THREE TIMES A WEEK FOR SIX WEEKS 18 TOTAL. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aqua therapy has the following, "recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aqua therapy and swimming can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable, for example extreme obesity." Physical examination revealed decreased range of motion, muscle spasms and tenderness over the sacroiliac joints and sciatic notches. Sensation is intact throughout, motor strength is 5/5 and deep tendon reflexes are 2+ and equal. The treating physician states that the patient has had aqua therapy in the past with improvement. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, there is no explanation as to why aqua therapy is necessary as opposed to home-based exercise program or land-based therapy. Furthermore, the requested 12-18 sessions exceeds what is recommended by MTUS. For recommendation of number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. This request IS NOT medically necessary.