

Case Number:	CM15-0045907		
Date Assigned:	03/18/2015	Date of Injury:	04/05/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/11/2015

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: Family Practice

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 51-year-old obese male, who sustained an industrial injury on 04/05/2012. He has reported injury to the lower back and left knee. The diagnoses have included L4-S1 herniated nucleus pulposus with left side foraminal stenosis; and L5-S1 nerve compression. Treatment to date has included medications, physical therapy, and knee arthroscopy on 10/28/14. Medications have included Hydrocodone and Tramadol. A progress note from the treating physician, dated 02/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain. Objective findings included tenderness to the lumbosacral paraspinal muscles with spasms; and decreased and painful range of motion. The treatment plan included physical therapy and aqua therapy due to decreased and painful range of motion, and tender paraspinal muscles. On March 9, 2015, Utilization Review authorized the requested physical therapy sessions. Request is being made for Aqua therapy two times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy two times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back, www.odgtreatment.com Work loss data institute www.worklossdata.com.

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

Decision rationale: According to the MUTS Chronic Pain Medical Treatment 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. The MTUS guidelines state that for recommendations on the number of supervised visits, see Physical medicine. The Physical Section of the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions of therapy for this injured worker's condition. While it is noted that the injured worker is obese, the requested number of aquatic therapy sessions exceeds the amount recommended by the MTUS guidelines, and modification can not be rendered in this review. Furthermore, it is noted that physical therapy has been requested as well and has been certified. It would be reasonable for the injured worker to complete the authorized physical therapy prior to proceeding with additional treatment. The request for Aqua therapy two times a week for 6 weeks is therefore not medically necessary.