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| Case Number: | CM15-0053587 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 03/22/1998 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: Ohio, North Carolina, Virginia
 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:

This 65 year old female sustained an industrial injury to the back and right knee on 3/22/98. Previous treatment included physical therapy, acupuncture, aqua therapy, Synvisc injection, intradiscal electrothermal therapy, transcutaneous electrical nerve stimulator unit, epidural steroid injections, home exercise and medications. In a visit note dated 3/9/15, the injured worker complained of ongoing low back and right knee pain. The physician noted that the injured worker reported that her low back pain was made better with acupuncture. The injured worker also reported that she received excellent benefit to right knee pain from aqua therapy. The physician noted that the physical therapy facility recommended continuing treatment. Current diagnoses included lumbar disc displacement without myelopathy and lower leg joint pain. The treatment plan included eight additional sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Outpatient aquatic therapy sessions for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. Physical therapy section.

Decision rationale: 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 intervertebral disc disorders without myelopathy, the Official Disability Guidelines allow 10 physical therapy visits over 8 weeks. In this instance, the injured worker completed 12 sessions of physical therapy as of June 2014. It was recommended she complete additional sessions of aquatic therapy following that. It is unclear if that occurred or not. No physical therapy notes have been included for review. The treating physician requests 8 outpatient sessions of aquatic therapy and this appears to be a reference to the uncompleted sessions from June 2014. The utilization review physician did not allow the request for aquatic therapy on the basis of no clinical exam. However, a note from the acupuncturist from 2-20-2014 did note lumbar spasm and guarding and diminished range of motion. Aquatic therapy for this patient makes sense as she has osteoarthritis of the ankles and the right knee. Therefore, 8 sessions of aquatic therapy are medically necessary.