

Case Number:	CM15-0055173		
Date Assigned:	03/30/2015	Date of Injury:	10/30/2007
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 68 year old male, who sustained an industrial injury on 10/30/2007. The current diagnoses are cervical/lumbar spondylosis with facet arthropathy and cervical/lumbar degenerative disc disease. According to the progress report dated 1/7/2015, the injured worker complains of burning pain in the posterior neck and left shoulder and low back pain. The pain is rated 5/10 on a subjective pain scale. The current medications are Lidoderm patches and Duexis. Treatment to date has included medication management and aqua therapy. The plan of care includes an additional 6 months of aqua therapy and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. 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, aquatic therapy is 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, the injured worker's working diagnoses are cervical and lumbar spondylosis with facet arthropathy; and cervical and lumbar degenerative disc disease. The medical record contains 48 pages. In a progress note dated January 7, 2015, the documentation states the patient received six months of aqua therapy. The treating physician would like to request another six months of aqua therapy. The documentation indicates the injured worker has continued the VAS pain scale 5/10 in the back and 5/10 at the legs. The VAS pain scale is 5/10 at the neck and 5/10 at the arms. There is no documentation containing objective functional improvement. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting additional aquatic therapy. Aquatic therapy is an alternative to land-based therapy where reduced weight-bearing is desirable. There is no clinical indication for reduced weight bearing aquatic therapy. Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical documentation indicating additional physical therapy/aquatic therapy is indicated for an additional six months, aquatic therapy is not medically necessary.