

Case Number:	CM15-0089646		
Date Assigned:	05/14/2015	Date of Injury:	03/29/2010
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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, 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 51 year old female who sustained an industrial injury on 03/29/2010. Current diagnoses include lumbago, lumbosacral spondylosis, sprain/strain lumbar region, and sciatica. Previous treatments included medication management, ice/heat, physical therapy, aqua therapy, and home exercises. Report dated 04/21/2015 noted that the injured worker presented with complaints that included improved low back pain with intermittent radiation to the right posterior thigh, and left hip pain. Pain level was 5 out of 10 (low back) and 2 out 10 (left hip) on a visual analog scale (VAS). Medication regimen included Neurontin and cymbalta, Flexeril and ibuprofen as needed, and recently discontinued use of Tylenol with codeine. Physical examination was positive for decreased range of motion with pain, lumbar tenderness, and positive right straight leg raise. The treatment plan included a request for aqua therapy due to 50% reduction from the prior course of aqua therapy, continue taking Cymbalta and Neurontin, and follow up in 6-8 weeks. Disputed treatments include 8 sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis, Low Back - Physical Medicine Guidelines.

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 #8 sessions 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 swimming) 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. In this case, injured worker's working diagnoses are lumbago; lumbosacral spondylosis: sprain/strain lumbar region; and sciatica. The injured worker had an unspecified number of physical therapy sessions. According to an April 21, 2015 progress note (request for authorization April 28, 2015), the worker has persistent, though improved, low back pain 5/10. Thoracic pain has dissipated. Hip pain has improved with a VAS pain score of 2/10. The injured worker is engaged in a home exercise program. There is no documentation of intolerance to land-based physical therapy. There is no discussion in the medical record regarding reduced weight-bearing and a clinical indication for reduced weight bearing. There are no physical therapy progress notes documenting objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation for aquatic therapy/physical therapy, no documentation with objective functional improvement, no contraindication to land-based therapy and no compelling clinical facts indicating additional physical therapy is warranted, aquatic therapy #8 sessions is not medically necessary.