

Case Number:	CM14-0121026		
Date Assigned:	09/16/2014	Date of Injury:	02/04/2001
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who has submitted a claim for degeneration of intervertebral disc, neuralgia and lumbar post-laminectomy syndrome associated with an industrial injury date of 2/4/2001. Medical records from 7/22/2010 up to 9/3/2014 were reviewed showing complaints of pain along the iliotibial band on the left side. Her pain is progressing and described as aching, shooting, stabbing, burning, penetrating, and numbing. Pain is at 7/10 in severity. Physical examination revealed a BMI of 23.8 kg/m². She had tenderness over the lumbar-sacral junction as well as the sacroiliac joint. She also has tenderness over the lateral aspect of her left knee along the iliotibial band. The patient is able to transfer and ambulate using a single point cane. She still had decrease in knee flexion and walks with a stiff leg pattern with slight circumduction during the swing phase. Treatment to date has included Avinza, Amitzia, Ibuprofen, Miralax, Aciphex, Medrol, and Lisinopril. Utilization review from 7/8/2014 denied the request for Aquatic Program 5 times a week times 3 months with independent pool program. There is insufficient documentation of patient intolerance to gravity-resisted land based therapy. There is insufficient documentation of failed land-based therapy and insufficient documentation of the patient's inability to tolerate gravity resisted therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Program 5 Times a Week Times 3 Months with Independent Pool Program, QTY:
1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the patient's BMI is 23.8 kg/m², well below the threshold for obesity. Furthermore, there was no documentation of failure of prior land-based therapy to warrant aquatic therapy. There was no indication why the patient could not participate in a land-based physical therapy program. The medical necessity cannot be established due to insufficient information. Therefore the request for Aquatic Program 5 Times a Week Times 3 Months with Independent Pool Program, QTY: 1 is not medically necessary.