

Case Number:	CM14-0127278		
Date Assigned:	09/23/2014	Date of Injury:	07/21/2007
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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:

This is a 46-year-old female with a 7/21/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/16/14, the patient has been undergoing chronic aquatic physical therapy and stated that the physical therapy has been helping with her condition. She continued with low back soreness as well as some numbness and tingling in her right foot. Objective findings: mild tenderness to palpation bilaterally about the lumbar paraspinal musculature, restricted range of motion of thoracolumbar spine, and sensory examination normal to light touch. Treatment to date: medication management, activity modification, and aqua therapy. A UR decision dated 7/23/14 denied the request for additional aqua therapy x 8 sessions for the lumbar spine. The claimant has been undergoing aquatic therapy and has good relief. There is no indication of the amount of previous physical therapy to date. No complete physical examination was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy x 8 sessions-lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, www.odg-twc.com; section: low back-lumbar & thoracic (acute & chronic) (updated 6/10/14)

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

Decision rationale: The California MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight-bearing is indicated, such as with extreme obesity. The MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines state: Allow for fading of treatment frequency. It is unclear how many sessions she has had previously. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. The patient has been undergoing aquatic physical therapy with benefit. However, the total number of sessions completed is not documented. Guidelines support up to 10 sessions over 8 weeks for lumbar sprains and strains. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for additional aqua therapy x 8 sessions for the lumbar spine is not medically necessary.