

Case Number:	CM14-0130557		
Date Assigned:	08/20/2014	Date of Injury:	01/05/2014
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 and is licensed to practice in New York. 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 claimant is a 28 yo female who sustained an industrial injury on 01/05/2014. The mechanism of injury was not provided for review. Her diagnosis is lumbar strain. She continues to complain of low back pain and on exam has tenderness of the lumbar paravertebral muscles with full range of motion. Motor and sensory exams are normal. Treatment has included medical therapy physical therapy, and aquatic therapy. The treating provider has requested additional Aquatic Therapy 2x week x 3 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy 2 times a week for 3 weeks Lumbar Spine: 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 Page(s): 22.

Decision rationale: Per California MTUS Guidelines, aqua 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. 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. Per the documentation the patient has completed aquatic therapy sessions and there is no documentation indicating whether there was any benefit obtained or any significant improvement in her functional status. She previously underwent physical therapy and should be able to be transitioned to a home exercise program. Prior to any extension in the number of sessions, a report of the response to previous sessions should be reviewed. Medical necessity for the requested item has not been established. The requested item is not medically necessary.