

Case Number:	CM14-0146052		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2011
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old female who reported an injury on 05/19/2011 due to a fall. The injured worker had a diagnosis of low back pain. Past treatment included medications, physical therapy, acupuncture, massage therapy, and chiropractic treatment. Diagnostic testing included x-rays and an MRI of the lumbar spine on 07/14/2011. Surgical history was not provided. The injured worker complained of back pain more prominent on the right side on 07/23/2014. The injured worker reported pain after medications to be 2-3/10 on the pain scale. The physical examination revealed tenderness to palpation to the right greater than left paralumbar muscles. Medications included Bio freeze topical gel, and Motrin. The treatment plan was for Aqua therapy, once a week for six weeks to the low back. The rationale for the request was not submitted. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, once a week for six weeks to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical therapy Page(s): 98-99. 22.

Decision rationale: The physical examination revealed tenderness to palpation in the right greater than left paralumbar muscles. The California MTUS guidelines state 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. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. There is a lack of documentation stating how many sessions of physical therapy and aqua therapy the injured worker has completed, as well as the efficacy of the prior therapy. There is a lack of documentation demonstrating that the injured worker has significant functional deficits for which active therapy would be indicated. The requesting physician did not provide documentation demonstrating the injured worker's need for aquatic therapy and reduced weight bearing as opposed to land based physical therapy. Therefore, the request of aquatic therapy is not medically necessary.