

Case Number:	CM14-0161101		
Date Assigned:	10/06/2014	Date of Injury:	12/09/2003
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 & 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:

According to the records made available for review, this is a 61-year-old male with a 12/9/03 date of injury, and status post right knee arthroscopy 4/07 and status post low back decompression. At the time (9/12/14) of request for authorization for 8 aquatic therapy sessions for the lumbar spine, there is documentation of subjective (low back pain with radiation into the bilateral legs, trouble with lifting legs and walking, pain in the bilateral hips with weakness in the bilateral legs) and objective (lumbar spine tenderness to palpation at the levels of L5-S1 bilaterally and paravertebral musculature, positive straight leg raise, and restricted range of motion due to discomfort and pain, and decreased quadriceps strength) findings, current diagnoses (lumbar spine radiculopathy, history of posterior decompression), and treatment to date (medications). 8/27/14 medical report identifies that the patient has not had therapy in over four years for the lumbar spine and that the patient is overweight and has trouble with ambulation and land physical therapy. There is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Sessions for The 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 physical medicine, Aquatic therapy Page(s): 98,22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of lumbar radiculopathy. Within the medical information available for review, there is documentation of lumbar spine radiculopathy, history of posterior decompression. However, despite documentation that the patient is overweight and has trouble with land physical therapy, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for 8 aquatic therapy sessions for the lumbar spine is not medically necessary.