

Case Number:	CM14-0166420		
Date Assigned:	10/13/2014	Date of Injury:	07/11/2011
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 43 year old male with an injury date of 07/11/11. The 08/01/14 progress report by [REDACTED] states that the injured worker presents with Charlie horses in the left leg and numbness in the right hip. The injured worker also presents with progressive numbness in the right thigh, buttock and leg and increased weight gain. The injured worker has antalgic gait and ambulates with a cane. The reports do not state if the injured worker is working. Examination reveals paravertebral tenderness, positive straight leg raise and decreased sensation at left posterolateral thigh. The injured worker's diagnoses include: Lumbar radiculopathy Post fusion syndrome (failed back) Status post epidural steroid injections x 25 with no relief Status post psych clearance for spinal cord stimulator trial The only medication listed is Percocet. The utilization review being challenged is dated 09/11/14. The rationale is that there is limited evidence on recent examinations that necessitate aquatic therapy. Reports were provided from 11/19/13 to 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic Therapy 3 Times a Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98,99.

Decision rationale: MTUS page 22 states that, "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". Furthermore, MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treating physician does not discuss why formal therapy is needed for the injured worker at this time, and why the injured worker's self-regulated work outs are no longer adequate. There is no recent report of the injured worker's weight and height and no documentation of Body Mass Index; however, the reports do note abdominal obesity and the injured worker's complaint of weight gain. The physical therapy evaluation recommends aqua therapy for the injured worker. In this case; however, the 18 requested sessions exceed what is allowed per MTUS. The request for 18 Aquatic Therapy 3 Times a Week for 6 Weeks is not medically necessary.