

Case Number:	CM14-0181508		
Date Assigned:	11/06/2014	Date of Injury:	12/18/2012
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Medicine 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 47-year old woman reported a low back injury with a date of 12/18/12. No mechanism of injury is described in the available clinical records, which are very limited. Per the UR report of 10/3/14, a previous request for 6 sessions of physical therapy was non-certified on 2/7/14. Also per the same UR report, the therapy provider requested re-authorization for physical therapy on 1/24/13 because the patient had only attended one visit. There is a single partially legible progress report in the available records, dated 9/3/14, accompanied by a written prescription for water therapy for the LS spine, 2 times per week for 6 weeks. The note states that the patient is still having some LS pain, moderate "at of this time". At times pain radiates to right thigh. Legible objective findings include decreased range of motion for flexion of L-spine, and decreased R lower extremity flexion. Diagnosis is LS sprain. The patient has been working full time since 8/13/13. The plan includes the statement "I am requesting patient to go to therapy Water physical therapy". No other rationale for requesting water therapy is included in either the progress note or the prescription that was written on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy, low back Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Functional Restoration Approach to Chronic Pain Management; and Aquatic Thera. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for clinicians, (www.uptodate.com), Exercise-based therapy for low back pain

Decision rationale: Per the first guideline cited above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Per the second citation, aquatic therapy is recommended as an alternative to land-based therapy, specifically when reduced weight bearing is desirable, for example in extreme obesity. The UptoDate article states that controlled trials have found aquatic therapy beneficial for low back pain, but no more beneficial than other interventions. The clinical findings in this case do not support the provision of aquatic therapy to this patient. Since she is working full time and since previous land-based therapy was requested, it seems likely that the patient is able to walk without great difficulty and to participate in land-based therapy. It appears that the provider may be prescribing aquatic therapy because she was non-compliant with land-based therapy. Prescribing aquatic therapy would not necessarily make the patient any more compliant. No specific reason for prescribing aquatic therapy is documented. No functional goals are documented, Based on the evidence-based citations above and on the clinical information provided for my review, 12 visits of aquatic therapy are not medically necessary. They are not medically necessary because the provider has not documented any reason that aquatic rather than land-based therapy is indicated, and has not documented any functional goals that require the performance of either aquatic or land-based therapy.