

Case Number:	CM14-0117820		
Date Assigned:	09/23/2014	Date of Injury:	03/22/1998
Decision Date:	03/20/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 3/28/98. She has reported low back injury. The diagnoses have included lumbar disc displacement without myelopathy and pain in joint lower leg. Treatment to date has included physical therapy, oral medications, acupuncture sessions and multiple epidural injections. Currently, the injured worker complains of chronic low back and right knee pain. Physical exam performed on 7/11/14 revealed tenderness to palpation over the lumbosacral junction with associated muscle tension, extending up to the mid back. Decreased range of motion is also noted of lumbar spine. The patient has had decreased sensation and strength and positive SLR. The medication list include Norco, atorvastatin, Tizanidine, Ralafen, Omeprazole, Valium, Cymbalta and Zyprexa. She has had MRI of the lumbar spine that revealed lumbar spine disc herniation; disc protrusion and foraminal narrowing and degenerative disc disease and MRI of the right knee on 5/3/11 that revealed post operative changes and degenerative changes. The patient's surgical history includes right knee meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy visits 2x6, to the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 22 Aquatic therapy.

Decision rationale: Request: Aquatic therapy visits 2x6, to the lumbar spine as an outpatient. Per MTUS guidelines, aquatic 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aquatic therapy visits 2x6, to the lumbar spine as an outpatient is not fully established in this patient.