

Case Number:	CM15-0125923		
Date Assigned:	07/10/2015	Date of Injury:	10/17/2013
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 10-17-2013. The mechanism of injury was repetitive movements. The injured worker was diagnosed as having lumbar discogenic pain with muscle spasm and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, home exercises, physical therapy and medication management. In a progress note dated 5-21-2015, the injured worker complains of low back pain. Physical examination showed painful decreased range of motion and lumbar tenderness. The treating physician is requesting a follow-up clinic visit and 12 sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

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

Decision rationale: Regarding the request for additional aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. Within the documentation submitted for review, there is indication that the patient has had previous aquatic therapy. Although there is documentation in improvement in AROM, there is no objective evidence of functional gains. These notes from pool therapy are from early 2015. This could include a reduction in work restrictions. Furthermore, the CPMTG specify that the aquatic therapy guidelines in terms of number of session follow the land-based therapy guidelines, which in this case would allow 10 visits for myalgia per page 99. Therefore, the request for additional aquatic therapy sessions is not medically necessary.