

Case Number:	CM15-0126279		
Date Assigned:	07/10/2015	Date of Injury:	06/01/1990
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
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: 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 59 year old female, who sustained an industrial injury on 6/1/1990. The mechanism of injury is unknown. The injured worker was diagnosed as status post lumbar decompression and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 6/3/2015, the injured worker complains of neck, shoulder and low back pain. Physical examination showed decreased lumbar range of motion and tenderness. The treating physician is requesting 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.

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

Decision rationale: This patient receives treatment for chronic low back. The patient sustained a work-related injury on 06/01/1990. The patient underwent a surgical lumbar decompression laminectomy in December 2014. The patient did receive some physical therapy after this surgery. The patient has become opioid dependent. This review addresses a request for 12 sessions of aqua therapy. Aquatic therapy is a specific kind of therapy that uses the buoyancy of water to reduce the amount of weight bearing expected of the patient. This may be medically indicated in cases of morbid obesity. This medical condition is not documented. Some cases of fibromyalgia seem to benefit from this form of therapy; however, the duration of this benefit is questionable. Based on the documentation in this case, aqua therapy is not medically necessary.