

Case Number:	CM15-0126893		
Date Assigned:	07/13/2015	Date of Injury:	06/15/2009
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
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: Emergency Medicine

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 35 year old male who sustained an industrial lifting injury on 06/15/2009. The injured worker was diagnosed with low back pain, umbilical and inguinal hernias and multi substance chemical dependence. The injured worker is status post umbilical hernia repair with mesh and left inguinal hernia repair with prolene mesh in 2009 and re-exploration of left inguinal area and mesh removal in December 2012. Treatment to date has included diagnostic testing, surgery, acupuncture therapy, physical therapy, psychiatric evaluation and follow-up, biofeedback sessions, home exercise program and medications. According to the primary treating physician's progress report on June 18, 2015, the injured worker was enrolled in an in-house detoxification program after long term use of opioids, Subutex and alcohol use. The injured worker was irritable, anxious, and uncooperative with aches and pains secondary to withdrawal. Liver enzymes and blood pressure were elevated. Documentation noted no abnormalities in motor strength, tone or gait. Current medications are listed as Subutex taper, Clonidine, Cyclobenzaprine, opioid taper, Ibuprofen, Lorazepam, Atarax and vitamins. Treatment plan consists of continuing detox medications using medication taper, multi-disciplinary supportive monitoring and counseling and the current request for aquatic therapy times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back and pain.

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

Decision rationale: The requested Aquatic therapy x 12 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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. The injured worker was enrolled in an in-house detoxification program after long-term use of opioids, Subutex and alcohol use. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic therapy x 12 is not medically necessary.