

Case Number:	CM15-0126981		
Date Assigned:	07/13/2015	Date of Injury:	12/18/2013
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 12/18/2013. Diagnoses include sacroiliitis, lumbar radiculopathy and lumbar facetal pain. Treatment to date has included diagnostics, medications including Tramadol and Meloxicam, transcutaneous electrical nerve stimulation (TENS) unit and physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported low back pain with radiation to the left lower extremity. TENS unit and medications help. He does not want an injection. Physical examination of the lumbar spine revealed tenderness and spasm. The plan of care included medications and physical therapy consultation for aquatic therapy. Authorization was requested for 6-8 sessions of aquatic physical therapy (2x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

6-8 sessions aquatic physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy / physical medicine. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Vol 2. 3rd Ed (2011) Low Back, Clinical Measures, p. 448.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/hip, aquatic therapy.

Decision rationale: Aquatic therapy is recommended by the Official Disability Guidelines 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. In this case, as the patient appears to weigh 194 pounds, aquatic therapy may be a reasonable option based on BMI, however, documentation of inability to utilize land-based therapy should be included. The MTUS recommends a time to produce effects of 4-6 treatments, so the request for 6-8 visits should be decreased to allow for re evaluation for evidence of functional improvement, should future authorization of aquatic therapy occur. Given the provided records, the request is not considered medically necessary at this time.