

Case Number:	CM15-0127945		
Date Assigned:	07/09/2015	Date of Injury:	01/20/2010
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 1/20/2010, resulting from cumulative trauma. The injured worker was diagnosed as having compression fracture L4, status post 360 degrees arthrodesis at L5-S1 with hardware (symptomatic), cerebrovascular accident, anxiety/depression, coronary artery disease, aggravated diabetes, renal failure, and lumbar radiculopathy at L5, right greater than left, positive electromyogram. Treatment to date has included lumbar spinal surgery in 2003, diagnostics, aquatic therapy (4 visits from 1/19/2015 to 1/30/2015), and medications. Currently, the injured worker complains of continued low back pain, with numbness and tingling to the bilateral legs. Exam noted decreased lumbar range of motion and paraspinal tenderness and spasms. Aqua therapy notes documented reports that aquatic therapy helped his pain, but outside of the pool, he continued to have severe pain. No significant changes in pain level or functional status were noted. His current medication regimen was not noted. The treatment plan included aqua therapy for the lumbar spine, 2x8. The goal was to decrease pain and restore function. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2xwk x 8 wks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week for eight weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are compression fracture L4; status post 360 degree arthrodesis at L5 - S1 with hardware symptomatic; lumbar radiculopathy L5 bilateral, etc. The date of injury is January 20, 2010. Request authorization is dated June 3, 2015. According to a January 30, 2015 aquatic therapy progress note, there has been no progress in terms of symptom relief after #4 aquatic therapy visits. The total number of aquatic therapy visits to date unspecified medical record. There is no additional documentation demonstrating objective functional improvement. The injured worker's weight is 134 pounds. There is no height there is no documentation of extreme obesity. There is no documentation in the medical record with a clinical rationale for aquatic therapy over land-based physical therapy. Consequently, absent clinical documentation with a clinical indication/rationale for aquatic therapy, a height in conjunction with the weight of 134 pounds, documentation demonstrating objective functional improvement after #4 quad therapy visits and compelling clinical documentation indicating additional aquatic therapy is clinically indicated, aquatic therapy aquatic therapy two times per week for eight weeks to the lumbar spine is not medically necessary.