

Case Number:	CM15-0176866		
Date Assigned:	09/17/2015	Date of Injury:	08/18/2014
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 32 year old male injured worker suffered an industrial injury on 8-18-2014. The diagnoses included lumbar spine strain-sprain, right radiculopathy. On 6-26-2015 the treating provider reported the aqua therapy helped decrease pain and increase strength but it changed when he becomes active. On 8-11-2015 the treating provider reported low back pain with right lower extremity pain and increased pain on motion. On exam the lumbar spine was tender with positive right straight leg raise and decreased range of motion. Prior treatments included chiropractic therapy, home exercise program, and medication. Prior Aqua therapy reports were not included in the documents provided. The Utilization Review on 8-24-2015 determined non-certification for Aqua therapy 2x a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic therapy; Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. 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 a week times four 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. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; right lower extremity radiculopathy; the remainder of the diagnoses are illegible. The date of injury is August 18, 2014. Request for authorization is August 17, 2015. According to a June 26, 2015 progress, the documentation indicates the injured worker received aquatic therapy that helped decrease pain and increase strength. The total number of aquatic therapy sessions is not documented. There is no documentation indicating objective functional improvements with aquatic therapy. According to an August 11, 2015 progress note, subjectively the injured worker complains of low back pain and right lower extremity pain. Objectively, the documentation is illegible except for decreased range of motion. The treatment plan includes a request for aquatic therapy two times per week times four weeks. The injured worker is engaged in a home exercise program. There is no documentation of failed land-based physical therapy. There is no clinical indication or rationale for aquatic therapy. There is no documentation indicating reduced weight-bearing is desirable. There is no documentation demonstrating objective functional improvement to support additional aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with aquatic therapy, no failed land-based physical therapy and no clinical indication or rationale for aquatic therapy, aquatic therapy two times a week times four weeks to the lumbar spine is not medically necessary.