MAXIMUS Federal Services

Case Number:	CM15-0062064		
Date Assigned:	04/06/2015	Date of Injury:	04/23/1999
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 55 year old male who sustained an industrial injury on 04/23/1999. He reported low back pain with radicular symptoms. He had difficulty with weight bearing on his right leg and knee. The injured worker was diagnosed as having lumbosacral radiculopathy, and lumbar sprain /strain. Treatment to date has included ice, analgesics, and physical therapy. Currently, the injured worker complains of decreased knee flexion and extension of the right knee as well as difficulty toe and heel walking on the right side with increased right knee pain. There is guarding noted in the paravertebral musculature of the lumbar spine with decreased range of motion in flexion and extension. There is tenderness, spasm and guarding on examination. The plan is to refill medications. Aquatic therapy x12 sessions for the lumbar spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x12 sessions for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed records implied the worker was experiencing lower back pain that went into the right leg with numbness and weakness. These records discussed the worker had not significantly benefitted from prior therapist-directed land-based physical therapy because of weight-bearing issues involving the leg and reported that improved function was expected with this type of treatment. However, the request was for more sessions than are generally supported by the Guidelines, and there was no discussion sufficiently supporting these additional therapist-directed sessions. In the absence of such evidence, the current request for twelve sessions of aqua therapy for the lumbar spine region is medically necessary.