

Case Number:	CM15-0071731		
Date Assigned:	04/21/2015	Date of Injury:	04/27/1989
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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:

This 65 year old male sustained an industrial injury to the low back on 4/27/89. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, home exercise and medications. In a PR-2 dated 3/20/15, the injured worker complained of persistent low back pain associated with decreased mobility. Physical exam was remarkable for normal gait, tenderness to palpation to the paraspinal musculature without spasms, 5/5 motor strength and full range of motion. The physician noted that the injured worker was exhibiting worsening symptoms. Current diagnoses included lumbar spine degenerative disc disease with previous lumbar fusion, lumbar stenosis, lumbar spine spondylosis without myelopathy and acquired spondylolisthesis. The treatment plan included physical therapy/aqua therapy twice a week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 2 times a week for 12 weeks (24 sessions) for the lumbar spine: Upheld

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

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 times 12 weeks (24 sessions) 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 working diagnoses are lumbago; lumbar degenerative disc disease; lumbosacral fusion L3, S1; lumbar stenosis; lumbosacral spondylosis without myelopathy; and spondylolisthesis acquired. The date of injury is April 17, 1989 (26 years prior). The injured worker has been engaged in a home exercise program. There is no documentation in the medical record of the total number of physical therapy sessions received to date. There are no physical therapy progress notes in the record. Subjectively, according to a March 20, 2015 progress note, the injured worker complains of mild to moderate low back pain. Objectively range of motion is full of painful with normal motor strength. There is no documentation of failed land-based therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Aquatic therapy is recommended as an alternative to land-based physical therapy. There is no clinical rationale in the medical record indicating why aquatic therapy, or physical therapy, is clinically indicated. Consequently, absent clinical documentation with a clinical indication and rationale for additional aquatic therapy, no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated, aquatic therapy two times per week times 12 weeks (24 sessions) to the lumbar spine is not medically necessary.