MAXIMUS Federal Services

Case Number:	CM15-0073046		
Date Assigned:	04/22/2015	Date of Injury:	06/08/2003
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 74 year old female, who sustained an industrial injury on 06/08/2003. She reported immediate knee pain that caused her to jerk her back and instant pain from her back down into her left foot. Treatment to date has included x-rays, physical therapy chiropractic care, meniscectomy of the left knee and steroid epidural injections. According to a progress report dated 02/18/2015, the injured worker was seen for low back pain. She continued to struggle with pain in her right lower back. The provider noted that aqua therapy seemed to help her more than anything. Diagnoses included postlaminectomy syndrome lumbar region, lumbago and acquired spondylolisthesis. The provider noted that the injured worker was provided with another prescription for further aqua therapy by the surgeon. He explained to her that therapy would be limited and recommended that she pursue exercise in a pool on her own. According to a therapy progress report dated 03/11/2015, the injured worker had completed 3 of 3 sessions of physical therapy. The injured worker reported a steady decrease in lumbar right S1, right groin and right lower extremity pain. She reported difficulty with positioning at nighttime, but that it had improved slightly. Since starting aquatic physical therapy, symptoms had overall decreased by about 50 percent. Her tolerance for functional activity and her endurance for walking continued to improve. The provider noted that the injured worker would benefit from continuing her current treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 12 sessions: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127 state the following: "Aquatic Therapy: Recommended 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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. Although the patient has benefited from prior aquatherapy, the identification of this factor is necessary to demonstrate the medical need for this type of therapy. Therefore, this request is not medically necessary.