

Case Number:	CM15-0076133		
Date Assigned:	04/27/2015	Date of Injury:	06/26/1997
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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 62 year old male, who sustained an industrial injury on 6/26/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, thoracic back pain, ankle pain, sprain of left ankle ligament, and chronic pain. Treatment to date has included aquatic therapy and medications. On 3/19/2015, the injured worker returned for re-evaluation of his mid and low back pain and ankle pain. He completed 6 sessions of aquatic therapy and started to see improvement in pain and function. The therapist recommended 6 additional sessions of aquatic therapy due to poor tolerance to land therapy. It was documented that he was able to avoid medication use and continue working with aquatic therapy. His pain was rated 4/10 with aquatic therapy and 6/10 without it after 3 weeks. His height was 5'9" and his weight was 208 pounds. His gait was within normal limits, 5/5 bilateral lower extremity strength was noted, and sensation was intact. Straight leg raise was positive bilaterally. Medication use for pain included Gabapentin. The treatment plan included 6 additional aquatic therapy sessions and orthotics. Aquatic physical therapy notes were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Aquatic therapy sessions for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, the provider notes that the patient has undergone 6 sessions with improvement. He is able to accomplish more than on land, but no specifics in that regard are given. 6 additional sessions are requested, but unfortunately, this exceeds the amount of sessions recommended by the CA MTUS and there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.