

Case Number:	CM13-0009908		
Date Assigned:	11/22/2013	Date of Injury:	01/19/2012
Decision Date:	01/07/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 01/19/2012. The primary diagnosis is a post laminectomy syndrome. The patient submitted a letter of 08/09/2013 addressing this independent medical review. The patient expresses concern that some of the services for his continued back care have been denied. The patient reports that swimming is not the only exercise that he participates in, but he also uses weight equipment and equipment for core strengthening and for stretching and general body conditioning in a hot tub. He notes he has osteoarthritis in his knees and has been found to have bone-on-bone arthritis so his ability to run or walk is very limited. He notes he swims until his pain and stiffness and spasms are under control and then he can participate in other fitness programs. He reports that he does not use a brace or corset continually but rather uses it only for intense pain management. He notes he has a degree in physical education and knows how to take care of himself and hopes that the treatment under review is approved. The initial physician medical review notes that this patient is a 65-year-old man initially injured in 1982, or 31 years ago. That report noted the patient has a history of multiple back surgeries, the last one in 1989, and that the patient's condition should be stable and that the patient is a prior physical education teacher who should be well versed in land-based exercises and stretching. That review concluded that a non-supervised aquatic gym membership was not medically necessary and there was not sufficient evidence for the recommendation of any particular exercise regimen over another. That review also concluded that a lumbar corset was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

New lumbar spine corset brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM guidelines, chapter 12/low back, page 301, states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The medical records do not provide a rationale or proposed mechanism of action to support a benefit from a lumbar support, which is not supported by the guidelines as effective or recommended, particularly in a chronic setting. This request is not medically necessary.

Continued supervised aquatic gym membership: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) gym membership.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy...Aquatic therapy can minimize the effects of gravity so is specifically recommended where reduced weight bearing is desirable." The medical records in this case indicate that this patient has osteoarthritis affecting the knees which has limited his ability to perform land-based exercises. An initial physician review quotes a portion of the California Guidelines stating that there is no specific evidence for one form of land-based therapy versus another; however, the guidelines do specifically indicate that there are instances where aquatic therapy can be preferred to land therapy. The physician notes and particularly the patient's direct appeal do address this issue very specifically. This treatment is supported by the guidelines. This request is medically necessary.