MAXIMUS Federal Services

Case Number:	CM13-0013869		
Date Assigned:	09/27/2013	Date of Injury:	07/13/2006
Decision Date:	01/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 & 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 07/13/2006. The primary diagnosis is lumbar postlaminectomy syndrome. A prior physician review notes that this patient is a 43-year-old woman with a history of chronic low back pain who is status post an L4-S1 fusion in September 2010. The patient previously participated in a functional restoration program for 6 weeks with mild to moderate improvement. As of 06/27/2013, the patient was noted to be ambulating with antalgia and having mild hip flexor weakness and difficulty with a heel-toe walk and decreased sensation in the right anterior thigh as well as myofascial trigger points bilaterally at L5. That physician review notes that the patient required reevaluation by her surgeon for worsening symptoms and notes that a previous tertiary level of care had been done including a functional restoration, and thus there was no support for additional lower level of care including involving aquatic therapy. That review also noted that the patient was already well past the acute stage of the injury. Of note, authorization had been approved for reevaluation by the patient's surgeon regarding possible re-herniation at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two (2) times a week for four (4) weeks for the lumbar spine: 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, Physical Medicine Page(s): 22, 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Additionally, the Chronic Pain Medical Treatment Guidelines indicate that treatment should allow for fading of treatment frequency plus active self-directed home Physical Medicine. The medical records provided do not provide a rationale as to why this employee would require aquatic rather than land-based therapy currently. Rather, the guidelines anticipate that this employee would have transitioned to an independent home rehabilitation program by this time. Moreover, the notes indicate a plan for a surgical evaluation regarding a change in the employee's symptoms. In that situation, it is not known what specific change in the employee's physical therapy program would be recommended since the results of that consultation are not available at the time of this review. For these reasons, the guidelines overall do not support additional supervised therapy or aquatic therapy at this time. If this employee's planned surgical consultation were to change the treatment plan and therapy goals, then it would be appropriate to resubmit a new request clarifying those specific goals. Again, at this time the records do not provide a rationale for additional supervised therapy. The request for aquatic therapy two (2) times a week for four (4) weeks for the lumbar spine is not medically necessary and appropriate.