

Case Number:	CM13-0015574		
Date Assigned:	11/27/2013	Date of Injury:	06/21/2012
Decision Date:	01/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery, 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 patient is a 42-year-old gentleman who sustained a work-related injury to his low back on 05/24/07. That year, he underwent a L5-S1 lumbar discectomy, but continues to be with symptomatic complaints, including a mental health diagnosis. A progress report dated 7/15/13 and signed by [REDACTED] states that the patient has continued low back complaints, and that additional physical therapy has not changed his overall clinical course. The patient continued to show objective findings of restricted range of motion, positive left sided straight leg raising, and reflexive changes. He was diagnosed with sprain to the sacroiliac spine with sciatica and prior intervertebral disc excision. Continuation of physical therapy and a formal prescription for aquatic therapy was noted at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve aquatic physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Aquatic therapy is an optional form of exercise therapy that is alternative to land based therapy. It is only indicated when recommendations on the supervised number of sessions are supported by physical medicine guidelines. In the chronic pain setting, it is indicated that physical therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitative process. Records in this case indicate that the claimant underwent a recent significant course of physical therapy with no significant benefit. Given the number of recent sessions of therapy already provided, twelve sessions of aquatic physical therapy would not be indicated.