MAXIMUS Federal Services

Case Number:	CM13-0016206		
Date Assigned:	01/10/2014	Date of Injury:	04/18/2007
Decision Date:	04/07/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine, and is licensed to practice in New York. 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 year old male with a date of injury on 04/18/2007. He has a history of lumbar spinal stenosis, lumbar degernative disc disease, sciatica and lumbar strain/sprain. He had physical therapy starting in 05/2007; it continued through 08/2007. He had work conidtioning physical therapy in 10/2007. On 04/22/2013 he had a lumbar laminectomy. On 07/31/2013 he conitnued wearing a back brace. Straight leg raising was negative. On 08/02/2013 it was noted that 6 of the 16 post operative aqua physical therapy visits had been completed. He could walk more than 2.5 blocks. There was a request for 16 more aqua physical therapy visits. On 10/16/2013 he had back pain with occasional pain to his left leg. He was able to heel-toe walk with a mild left antalgic gait. He had 45 degrees of lumbar flexion and 20 degrees of extension. Straight leg raising was mildly positive on the left. Motor and sensory exam was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Aqua Therapy two (2) times a week for six (6) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Aquatic physical therapy Page(s): 22,Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: 16 post operaitve physical therapy visits were previously approved and it is unclear how many were provided between the laminiectomy on 04/22/2013 and the request for an additional 16 physical therapy visits. This patient has had numerous physical therapy visits for the lumbar spine dating back to at least 2007. He should have already been well trained in a home exercise program prior to the laminectomy. MTUS guidelines for post laminiectomy physical therapy allows for a maximum of 16 physical therapy visits. He already had certification for the maximum allowed physical therapy visits prior to the 07/31/2013 request for an additional 16 visits. Also, on 07/31/2013 he was already walking more than 2.5 blocks so there was no reason he would require aquatic physical therapy to minimize weight bearing. Aqua physical therapy would no longer be medically necessary as preferred over land based physcial therapy.