

Case Number:	CM13-0020090		
Date Assigned:	02/03/2014	Date of Injury:	06/08/2010
Decision Date:	04/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a female patient with a date of injury of June 8, 2010. A utilization review determination dated August 28, 2013 recommends noncertification of physical therapy/aquatic 2X3 for the lumbar spine. A physical therapy progress report dated July 11, 2013 indicates that the patient has undergone 17 physical therapy visits as of that date. Strength is 4/5 in the left lower extremity and 4+/5 in the right lower extremity. The lumbar spine range of motion is somewhat restricted. An initial physical therapy evaluation dated July 11, 2013 indicates that the patient has 5 out of 5 quadriceps strength. There is also restricted lumbar spine range of motion. An operative report dated May 20, 2013 indicates that the patient underwent L5-S1 hemi-laminectomy. A progress report dated August 8, 2013 indicates that the patient has subjective complaints stating that she has done very well and has been able to walk 3 1/2 miles and developed pain in her left leg that stops at the knee. Physical examination identifies no motor or sensory deficits. The diagnosis state "status post rather successful microdiscectomy 2 1/2 months ago with some return of pain in the left leg. The treatment plan recommends aquatic therapy 2X3 weeks and an anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/aquatic therapy for the lumbar spine (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation UNCLEAR GUIDELINES- CA MTUS, CLEAN COPY GUIDELINES, PAGE 26

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), OCCUPATIONAL MEDICINE PRACTICE, 298 Official disability guidelines (ODG) Low Back chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy/aquatic therapy 2 x 3, Chronic Pain Treatment Guidelines state that aquatic therapy 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. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested physical therapy/aquatic therapy 2 x 3 are not medically necessary.