

Case Number:	CM13-0031677		
Date Assigned:	12/20/2013	Date of Injury:	08/13/2001
Decision Date:	02/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old female who reported an injury on 08/13/2001. The mechanism of injury was not provided in the medical records. The patient was diagnosed with post-laminectomy syndrome of the lumbar spine. It was noted at her 08/16/2013 office visit that the patient reported feeling better after her initial 12 visits of physical therapy including pool therapy. Her physical exam findings noted some mild weakness in the bilateral lower extremities. Recommendation was made for continued outpatient therapy including pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Land and Pool Therapy for low back 2-3x a week for 8wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22; 98-99.

Decision rationale: California MTUS Guidelines state that physical medicine for the treatment of radiculitis is recommended as 8 to 10 visits over 4 weeks. Guidelines also indicate that aquatic therapy is recommended as an optional form of exercise therapy where reduced weight-

bearing is desirable. The documentation submitted for review did state that the patient has significant difficulty ambulating and uses a walker and occasionally a wheelchair. However, there is no specific documentation stating the patient's need for pool therapy over land-based therapy. Additionally, although the patient was noted to report feeling better following her therapy, the documentation failed to show objective functional gains made from her physical therapy. Furthermore, it was noted the patient has participated in 12 visits of physical therapy and guidelines state 8 to 10 visits over 4 weeks is recommended for radiculitis. As the patient has exceeded the recommended number of visits, there was not documentation of objective functional gains submitted, there were no exceptional factors indicated, and it is not clear why the patient requires aquatic therapy, the request is not supported.