MAXIMUS Federal Services

Case Number:	CM13-0035279		
Date Assigned:	12/13/2013	Date of Injury:	05/24/2011
Decision Date:	02/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/16/2013

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, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 05/24/2011 due to installing a shelf system, causing the patient to be in an awkward position for a prolonged period of time, resulting in a low back injury. The patient underwent a microdiscectomy and laminectomy at L4-5 with removal of a free-floating posterior element at L5. Surgery left the patient with neurological deficits to include left foot drop and rectal and urinary incontinence. The patient underwent 24 sessions of postoperative physical therapy; however, he remains symptomatic and functionally impaired. The patient's most recent clinical examination findings revealed lumbar pain rated at a 4/10, tenderness to palpation and spasming of the lumbosacral paraspinal musculature with restricted range of motion secondary to pain and motor strength weakness to the left with decreased sensation in the L4-5 distribution. The patient's diagnoses included radiculopathy, foot drop, sexual dysfunction, urine incontinence, and cauda equina syndrome. The patient's treatment plan included the continuation of medications, a lumbar support, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy three (3) times a week for two (2) weeks to treat the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested aquatic therapy 3 times a week for 2 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has received extensive postsurgical land-based physical therapy. The California Medical Treatment Utilization Schedule recommends aquatic therapy when the patient fails to progress with land-based treatment and would benefit from decreased weight bearing. The clinical documentation submitted for review does not provide any evidence that the patient requires reduced weight bearing. Additionally, as the patient has received extensive physical therapy, he should be well-versed in a home exercise program. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program to maintain the functional levels obtained during skilled supervised therapy. Therefore, the need for additional therapy is not clearly determined. As such, the requested aquatic therapy 3 times a week for 2 weeks to treat the lumbar spine is not medically necessary or appropriate.