

Case Number:	CM13-0049087		
Date Assigned:	12/27/2013	Date of Injury:	08/04/1998
Decision Date:	03/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and 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 54-year-old male who reported injury on 08/04/1998. The mechanism of injury was reported to be the patient falling off a ladder approximately 10 feet. The patient was noted to have a T11 to L3 fusion in 2011 which failed, a failed fusion in 2005, 2008 and 10/2012. The patient was noted to have a T8 to sacrum revision on 07/01/2012. On 04/31/2013, the patient was noted to have a revision of L 2 laminectomy and removal and replacement of hardware and a decompression. The patient noted a considerable loss of functional mobility by not being able to exercise in the water. The patient was noted to have the ability to walk 2 feet without stopping. The patient's diagnoses were noted to include status post multi revision surgery in 04/2013, status post thoracolumbar fusion from T8 to sacrum in 07/2012, three level lumbar fusion in 2001, revision surgery for L4 fracture in 12/2004, and bilateral hip flexor surgery on 11/05/2010. The request was made for 36 land and aquatic therapy sessions between 09/14/2013 and 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 land and aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review, while indicating the patient felt he had lost ground, was lacking documentation of objective functional gain that had been received from prior physical therapy and aquatic therapy. There was a lack of documentation indicating the patient had a necessity for reduced weight-bearing. The clinical documentation submitted for review failed to indicate the quantity of sessions the patient had previously participated both for aquatic and land based therapy. There was a lack of documentation indicating how many sessions were to be for land therapy and for aquatic therapy. Given the above and the lack of documentation of objective functional benefit gained from the physical therapy and the aquatic therapy in the past, the request for 36 land and aquatic therapy sessions between 09/14/2013 and 12/09/2013 is not medically necessary.