MAXIMUS Federal Services

Case Number:	CM13-0049808		
Date Assigned:	12/27/2013	Date of Injury:	08/22/2011
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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:

The claimant reportedly sustained an injury on 08/22/2011 to the low back region while lifting and moving chairs. The claimant has been diagnosed with a lumbar radiculopathy. The medical records indicate the claimant initially underwent a laminectomy procedure. Subsequently, the claimant reportedly underwent a lumbar spine fusion at an unspecified level. The claimant has participated in extensive physical therapy in the past. The claimant was most recently evaluated on November 12, 2013. No tenderness to palpation in the paraspinous musculature was noted; however, there were some spasms with range of motion testing. The flexion was 40% of normal. The extension was 20% of normal. Lateral bending to both the right and left was 50% of normal. The strength testing in the bilateral lower extremities was graded at 5/5 with normal sensation, and negative straight leg raise testing, and no atrophy in the bilateral lower extremities. The treating provider has requested aquatic therapy three (3) times a week for four (4) weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY AND PHYSICAL MEDICINE.

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

Decision rationale: The Chronic Pain Guidelines indicate that aquatic therapy is recommended as a form of exercise when land-based therapy is not supported due to a reduced weight-bearing status or extreme obesity. The treating provider indicates that the claimant has increased pain with participation in land-based therapy and therefore has recommended aquatic therapy to decrease pain, improve function, and avoid deconditioning. The claimant is noted to have decreased range of motion of the spine, but no other significant functional deficits to support the ongoing medical necessity of formal physical therapy as opposed to a self-directed home exercise program. At this time there is no significant functional deficit to support ongoing formal physical therapy in the form of aquatic therapy. The request for twelve (12) aquatic therapy sessions is non-certified. The claimant is years out from any surgical intervention. Ongoing formal physical therapy in the form of aquatic therapy is not supported when a self-directed home exercise program should suffice. The claimant does not meet the guideline criteria for ongoing aquatic therapy at this point. The request is non-certified.