

Case Number:	CM13-0050984		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2002
Decision Date:	02/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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:

This 45 year-old male sustained an injury on 10/28/02 when he was setting up racks for a floor deck while employed by the [REDACTED]. Request under consideration include Aquatic therapy 12 additional visits (2x/week X 6 weeks) to lumbar. The patient is s/p Left L4-5 laminectomy on 11/13/03 and a Right L4-5 microdiscectomy, laminotomy and foraminotomy on 5/31/13. Conservative care since last surgery in May of 2013 included physical therapy and aquatic therapy (total visit number not provided), anti-inflammatory medications, Neurontin, and narcotic analgesics. Report of 10/30/13 from [REDACTED] noted the patient 5 months post lumbar microdiscectomy. Pre-operative symptoms persists including low back and right lower extremity pain and paresthesias in L5 distribution. His activity level was less than before the surgery. He attempted to wean down his medications but had increased pain complaints. He was doing well with pool therapy and land-based therapy caused pain. Exam showed tenderness, decreased range of 75% normal, decreased sensation of right L5 distribution with 5/5 lower motor strength and 2+ DTRs. Diagnoses include post-operative right L4-5 laminectomy and foraminotomy on 5/31/13 with lumbar radiculopathy. The addition aquatic therapy was non-certified on 11/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 additional visits (2x/week x 6 weeks) to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Passive therapy. Page(s): 98-99.

Decision rationale: This 45 year-old male sustained an injury on 10/28/02 when he was setting up racks for a floor deck while employed by the [REDACTED]. The patient is s/p Left L4-5 laminectomy on 11/13/03 and a Right L4-5 microdiscectomy, laminotomy and foraminotomy on 5/31/13. Conservative care since last surgery in May of 2013 included physical therapy and aquatic therapy (total visit number not provided), anti-inflammatory medications, Neurontin, and narcotic analgesics. Report of 10/30/13 from [REDACTED] noted the patient 5 months post lumbar microdiscectomy. Pre-operative symptoms persists including low back and right lower extremity pain and paresthesias in L5 distribution. His activity level was less than before the surgery. He attempted to wean down his medications but had increased pain complaints. The patient has received both un-quantified land-based and aquatic therapy since the one level microdiscectomy surgery of May 2013, almost 9 months ago. Although it is noted he tolerates and prefers the aquatic therapy, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered. The patient reports his activity level to be less than before his surgery state with increased pain, unable to wean down his narcotic use. His rehab period for lumbar microdiscectomy has been surpassed and has no diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Aquatic therapy 12 additional visits (2x/week x 6 weeks) to lumbar spine is not medically necessary and appropriate.