

Case Number:	CM13-0051268		
Date Assigned:	12/27/2013	Date of Injury:	01/06/2011
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 50-year-old male who reported an injury on 01/06/2011. The mechanism of injury was not provided. Current diagnoses include right hip greater trochanteric bursitis and status post L3-5 laminectomy, TLIF and PSF with L5-S1 disc degeneration. The injured worker was evaluated on 10/11/2013. The injured worker was status post L3-4 and L4-5 laminectomy, TLIF and PSF on 04/30/2013. The injured worker was participating in land therapy as well as aquatic therapy. The injured worker reported 9/10 pain with numbness in the upper extremities. Physical examination revealed marked tenderness to the left more so than the right greater trochanteric bursal area with an unchanged neurologic examination. Treatment recommendations included continuation of physical therapy as well as aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAND-BASED PHYSICAL THERAPY FOR THE LUMBOSACRAL SPINE (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker is participating in land based physical therapy. However, there is no documentation of the previous or current course of physical therapy. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

AQUA THERAPY FOR THE LUMBOSACRAL SPINE AT [REDACTED] GYM (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. As per the documentation submitted, the injured worker is currently participating in aquatic therapy. However, there is no documentation of objective functional improvement. There is also no indication of the need for reduced weight-bearing as opposed to land based physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.