

Case Number:	CM13-0055901		
Date Assigned:	01/15/2014	Date of Injury:	06/16/2010
Decision Date:	04/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation 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 patient is a 50 year old female who was injured on 06/16/2010 while she was walking in the parking lot; she slipped and fell landing on her right knee and subsequently falling on her back. She did not strike her head on the ground nor did she lose consciousness. The patient noticed pain in her lower back at that time. According to UR note, the patient has had 12 PT sessions but no other PT documentation was submitted for review. Prior treatment history has included 12 sessions of PT. The patient received physical therapy at her home approximately one or two weeks after her surgery. She received conservative physical therapy for approximately "a couple of weeks". The patient received an injection of therapeutic epidural substance into lumbar space, single. The patient underwent bilateral hemilaminotomy at the L4-s1 on 10/01/2012 and is status post laminectomy. Her medication history has included Fentanyl patch, Toradol and Zofran. Peer Review Report dated 10/24/2013 stated that there is no evidence indicating that claimant has issues with weight bearing or is extremely overweighed, 2) No evidence to show that land-based therapy is not suitable for claimant, and 3) No documentation of significant positive objective orthopedic/neurologic findings to support this request. Of note, the claimant had 12 PTs to date. Therefore, the treatment request for additional Pool Therapy 2x3 for low back is not medically necessary. PR2 dated 10/24/2013 documented the patient to have complaints of low back pain that radiated to right leg, functional status has improved, back to moderate duty. The patient stated she felt sedated driving to work as she takes Morphine. She attended physical therapy. She ambulated with a cane. On lumbar examination, gait was nonantalgic, within normal limits. There was no asymmetry, normal posture. There was tenderness to palpation of L4-5; healed scar middle low back. The range of motion was limited; motor strength was 5/5 in left extremity, had pain with testing. Sensation was within normal limits throughout bilateral limbs. Her reflexes were absent bilateral knees and ankles which were tested in the seated

position. Equivocal Lasegue's right also had right hip pain, difficult exam. The patient was diagnosed with lumbar postlaminectomy syndrome and lumbar radiculopathy. PR2 dated 09/13/2013 indicated the patient presented with a leg and back injury. The patient noted she felt pain in the low back which radiated to her right leg. Her functional status had improved and she was back to moderate duty. She stated she felt sedated driving to work as she was prescribed Morphine. The patient ambulated with a cane. PR2 dated 08/15/2013 stated the patient was taking medication as prescribed. She was working with restrictions. She stated she felt pain in the low back which radiated to her right leg. Her functional status had improved and she was back to moderate duty. She stated she felt sedated driving to work as she was prescribed Morphine. The patient ambulated with a cane. She was attending PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional pool therapy 2x3 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Aquatic therapy.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines do not have appropriateness regarding the issue in dispute and hence ODG have been consulted. As per ODG, "it is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, this patient reports pain in right knee and lower back with radiating pain to right leg. This patient was treated with 12 sessions of physical therapy. On physical exam, sensation and motor exam was grossly normal. The gait was nonantalgic and within normal limits. There is no documentation of patient being overweight or having difficulties performing weight bearing activities. As such, the medical necessity has not been established and the request for additional pool therapy 2x3 for low back is non-certified.