

Case Number:	CM13-0055961		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2005
Decision Date:	07/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 57-year-old female who was injured on 7/28/2005, from a slip and fall from a step stool, involving her neck and lower back. Past medical treatment has included bilateral posterior lumbar fusion from L4-S1 with complete laminectomy at L4 and L5 on 11/15/2007, post op therapies, then spinal cord stimulator implantation on 10/16/2012, T10 hemilaminectomy with SCS lead replacements with paddle leads in 7/17/2013, and aquatic therapy. Prior UR determination was completed on 11/14/2013, which rendered a non-certification of the requested outpatient aquatic physical therapy for the lumbar spine, an additional 12 sessions. The review document that the patient had been authorized six aquatic therapy visits, and at the time of the evaluation on 10/24/2013, the claimant had completed five of six authorized treatments. However, there was no indication of improvement as a result of treatment. The claimant continued to note severe pain. Therefore, in the absence of improvement as a result of the initial trial aquatic therapy, the medical necessity of the requested six additional treatments is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT AQUATIC PHYSICAL THERAPY FOR THE LUMBAR SPINE, AN ADDITIONAL 12 SESSIONS: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, 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. The patient had undergone a course of 6 aquatic therapy sessions, from which she obtained no notable gains. As per the 10/23/2013 PT note, she had failed to show any substantial gains with rendered treatment, her AROM had decreased since starting PT, and only short term pain relief while in the pool was obtained. The therapist advised the patient to consult her MD regarding other treatment options because due to insufficient progress, continued therapy was not supported. The medical records do not establish that additional aquatic therapy is warranted.