

Case Number:	CM13-0068124		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2008
Decision Date:	08/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 & 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 injured worker is a 47-year-old female who reported an injury on 06/30/2008. The mechanism of injury was not stated. Current diagnoses include postlaminectomy syndrome, arachnoiditis in the lumbar spine, and sciatica with dysesthesia. The injured worker was evaluated on 10/21/2013. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed limited range of motion of the lumbar spine, dysesthesia, and tenderness to palpation. Treatment recommendations at that time included authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CONTINUED PHYSICAL THERAPY REQUEST BETWEEN 12/2/2013 AND 1/31/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 additional physical therapy sessions exceeds guideline recommendations. Therefore, the request is not medically appropriate. There is also no specific body part listed in the current request. Therefore, the request for 12 continued physical therapy is not medically necessary and appropriate.

12 CONTINUED AQUATIC THERAPY SESSIONS BETWEEN 12/2/2013 AND 1/31/2014: Upheld

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

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. There is no indication that this injured worker requires reduced weightbearing as opposed to land-based physical therapy. There is also no specific body part listed in the current request. Therefore, the request for 12 continued aquatic therapy sessions is not medically necessary and appropriate.