

Case Number:	CM13-0069592		
Date Assigned:	05/07/2014	Date of Injury:	07/28/2005
Decision Date:	07/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 Illinois. 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 58-year-old female who reported an injury on 07/28/2005. The mechanism of injury was not provided. The diagnoses included postlumbar fusion, lumbar stenosis, and lumbar herniated nucleus pulposus. Per the 10/23/2013 physical therapy note, the injured worker completed 6 visits of aquatic physical therapy. The provider noted the injured worker's active range of motion had decreased since starting physical therapy. The provider stated there had been insufficient progress to warrant continued physical therapy. Per the 01/16/2014 clinical note, the injured worker reported back pain and severe leg radiculopathies. Examination of the lumbar spine noted tenderness to palpation, restricted range of motion, and positive straight leg raise. The provider noted the injured worker failed to improve with conservative treatment, including physical therapy. The provider requested aquatic physical therapy to maintain some strength. Per the 03/03/2014 physical therapy note, the injured worker completed 5 aquatic physical therapy visits from 02/17/2014 to 03/03/2014. The injured worker reported 6/10 pain in the low back and legs. The physical therapy assessment included decreased lumbar range of motion, pain in the lumbar spine, and decreased strength in the lower extremities and core. Prior treatments included physical therapy, acupuncture, chiropractic care, medications, a spinal cord stimulator, and epidural steroid injections. The Request for Authorization form for additional aqua physical therapy was submitted on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT AQUATIC PHYSICAL THERAPY (PT) FOR THE LUMBAR SPINE, AN ADDITIONAL TWELVE (12) SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 98-99, 22.

Decision rationale: The request for outpatient aquatic physical therapy for the lumbar spine, an additional 12 sessions is not medically necessary. The California MTUS Guidelines specifically recommend aquatic therapy where reduced weight bearing is desirable. Regarding physical medicine, the guidelines recommend 8 to 10 visits for radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. The medical records provided indicate the injured worker completed at least 11 visits of aquatic physical therapy for the lumbar spine. There is a lack of documentation regarding the need for reduced weight bearing to warrant aquatic therapy. There is also a lack of documentation regarding residual functional deficits requiring additional therapy. In addition, the injured worker has already exceeded the number of visits recommended by the guidelines. The request for an additional 12 sessions is excessive. The medical necessity for additional physical therapy over a home exercise program was not established. As such, the request is not medically necessary.