

Case Number:	CM13-0071590		
Date Assigned:	01/08/2014	Date of Injury:	07/07/2009
Decision Date:	04/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/27/2013

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 Family Practice 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 male who reported an injury on 07/07/2009. The mechanism of injury was not provided for review. The patient underwent a modified microdiscectomy of the right L4-5 and a right L4 laminotomy and right L4-5 lateral recess resection. The patient's postsurgical management included physical therapy, chiropractic care, and medications. The patient's most recent clinical evaluation documented the patient had tenderness to palpation of the paravertebral musculature of the cervical and lumbar spine with notable spasming and restricted range of motion of both areas secondary to pain. The patient had a positive Spurling's test and a positive straight leg raising test with reduced sensation in the S1 dermatomal distribution. The patient's diagnoses included lumbar radiculopathy, status post lumbar surgery, and cervical spine strain. The patient's treatment plan included continuation of medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY (12 SESSIONS): Upheld

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

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

Decision rationale: The California Medical Treatment and Utilization Schedule recommends aquatic therapy for patients who require a non-weight bearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient has previously participated in land-based physical therapy. The patient's most recent clinical documentation failed to provide any support for the need for non-weight bearing active therapy. Additionally, the California Medical Treatment and Utilization Schedule recommends up to 8 to 10 visits of physical therapy for this type of injury. The requested 12 visits exceed this recommendation. As such, the requested Aquatic Therapy is not medically necessary or appropriate.