

Case Number:	CM13-0072353		
Date Assigned:	01/08/2014	Date of Injury:	11/07/2008
Decision Date:	04/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/7/08. A utilization review determination dated 12/17/13 recommends non-certification of 12 additional water-based PT visits for the lumbar spine. 12/4/13 medical report identifies back pain radiating from low back down the left leg, increased since last visit. Still pending 6 additional sessions of aquatherapy. Pain is 9/10. On exam, ROM is limited and there is tenderness and spasm. SLR is positive and trigger points are present. Sensation is decreased over the lateral and medial foot on the left. Land-based PT has failed in the past due to severe pain flare in low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL WATER-BASED PHYSICAL THERAPY VISITS FOR 6 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for 12 additional water-based physical therapy visits, CA MTUS Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are

recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, it appears that the patient has completed 6 sessions with 6 sessions outstanding as of the most recent medical report and, as such, there is no way to determine what specific objective functional improvement has been obtained from the authorized sessions or why any remaining deficits after those visits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with additional formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and there is no provision for modification of the current request. In light of the above issues, the currently requested 12 additional water-based physical therapy visits are not medically necessary.