

<b>Case Number:</b>	CM14-0010126		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery 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 claimant is a 51-year-old gentleman who strained his low back while molding a piece of fabric at work on 01/22/05. The medical records provided for review pertaining to the claimant's low back document that he exhausted conservative care and underwent an L5-S1 posterior lumbar decompression and fusion with instrumentation on 09/06/13. The clinical report dated 01/06/14 noted that the claimant was feeling worse with continued complaints of pain about the left leg. Objectively, there was pain with lumbar range of motion and no focal motor, sensor or reflexive changes to the lower extremities. The recommendation was made for 12 additional sessions of postoperative physical therapy in the form of aquatic therapy. Although the records documented that the claimant had postoperative physical therapy, the total number of sessions were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE AQUATIC THERAPY LUMBAR SPINE. QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Recommended as an optional form of exercise therapy, where available, as an, Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines and supported by California MTUS Chronic Pain Guidelines, 12 additional sessions of postoperative aquatic therapy would not be supported. There is no documentation to explain why this claimant could not participate in land based therapy. There is also no formal documentation as to total number of physical therapy sessions that have already been utilized in the postoperative setting since the time of September 2013 procedure. Therefore, the specific request in this case cannot be supported.