

Case Number:	CM14-0013478		
Date Assigned:	02/21/2014	Date of Injury:	08/23/2006
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

According to the records made available for review, this is a 48-year-old female with an August 23, 2006 date of injury. At the time (November 18, 2013) of request for authorization for physical therapy two times per week for six weeks, aquatic to land for the lumbar spine, there is documentation of subjective (severe low back pain that radiates to the lower extremities) and objective (tenderness in the lumbar region with palpable head screws, positive straight leg raise, and weakness in toe extension and plantar flexion) findings, current diagnoses (lumbar fusion L4-S1 (February 24, 2011) and right sacroiliac joint dysfunction), and treatment to date (medications). It cannot be determined if this is a request for initial or additional physical/aquatic therapy. In addition, there is no documentation of a condition/diagnosis for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS, AQUATIC TO LAND FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22, 98

Decision rationale: The California MTUS Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The California MTUS Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). The California MTUS Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The California MTUS Guideline identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). California MTUS Guidelines Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculopathy not to exceed 10-12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar fusion L4-S1 and right sacroiliac joint dysfunction. However, given documentation of an August 23, 2006 date of injury, it is not clear if this is a request for initial (where previous physical/aquatic therapy has not been recent) or additional (where previous physical/aquatic therapy is recent and may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical/aquatic therapy. In addition, there is no documentation of a condition/diagnosis for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for physical therapy two times per week for six weeks, aquatic to land for the lumbar spine is not medically necessary.