MAXIMUS Federal Services

Case Number:	CM14-0015916		
Date Assigned:	06/04/2014	Date of Injury:	05/30/2010
Decision Date:	07/30/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 56-year-old female with a date of injury 5/30/10. Her diagnoses include status post lumbar spine transforaminal and lumbar interbody fusion, L4-L5 and L5-S1 on 02/14/14. Under consideration is a request for aqua therapy two times six to the lumbar spine. There is a 4/22/14 document from the patient's physician which states that the patient is still symptomatic with symptomatology into the lower extremities. The patient has an altered gait along with weakness and radicular signs and symptoms and positive orthopedic testing. The document states that he is aware of the denial for physical therapy that he requested for this patient, and therefore, her attorney has filed for an Independent Medical Review (IMR). As the primary treating physician, he is assisting the patient in seeking an IMR and advocate on her behalf. The requested physical therapy at two times a week for six weeks is needed for this patient to increase mobility, range of motion, and function to the lumbar spine. There is a 1/11/14 utilization review which states that there is a medical conference dated 12/26/13 noted d the claimant with continued severe low back pain with swelling. She is walking in a pool. She has severe pain after walking few blocks. The exam reveals tenderness and spasm to the lumbar spine. The Straight Leg Raise (SLR) is positive. The MRI (magnetic resonance imaging) is noted to show some soft tissue swelling in the lumbar spine. There is limited forward flexion. The plan is for Temporary Total Disability (TTD). She continues home exercise and recommended is aquatic therapy. The documentation submitted does not reveal recent physical exam findings, prior therapy notes, or objective MRI or other diagnostic test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, two (2) times a week for six (6) weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22,Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for aqua therapy, two (2) times a week for six (6) weeks to lumbar spine is not medically necessary per the CA MTUS Chronic Pain Medical Treatment Guidelines and Post surgical guidelines. The MTUS post surgical guidelines recommend up to 34 visits for this condition. The documentation is not clear on how much therapy the patient has had post-operatively. The MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an alternative to land therapy. The documentation is not clear on why the patient cannot tolerate land therapy. Without evidence of the number of prior therapy visits and outcomes, additional therapy cannot be certified. Therefore, the request for aqua therapy, two (2) times a week for six (6) weeks to lumbar spine is not medically necessary.