

Case Number:	CM14-0016989		
Date Assigned:	03/07/2014	Date of Injury:	11/29/2007
Decision Date:	04/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pediatric Rehabilitation Medicine 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 39 year-old male with a date of injury reported on 11/2/2007 and the mechanism of injury is unknown. The patient has had chronic low back pain since his injury. The diagnosis is post laminectomy syndrome lumbar. The patient had a post posterior inter-body fusion of the lumbar spine on 09/15/2012. The medical documentation indicated the patient completed and unknown number of physical therapy sessions and home exercise program following the surgery. The patient's current treatment plan is Aqua Therapy 3 X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support physical therapy and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended

treatment for neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The guidelines also note that aquatic therapy is specifically recommended where reduced weight bearing status is limited. The most recent documentation regarding aquatic therapy was from 07/03/2013. Per the supplied documentation the patient has had previous aquatic therapy. The clinical documentation fails to address the rationale for additional aquatic therapy and that reduced weight bearing is necessary. Therefore, the request for Aqua Therapy 3 X 6 is not medically necessary.