

Case Number:	CM14-0150361		
Date Assigned:	09/19/2014	Date of Injury:	08/30/2002
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 injured worker is a 58-year-old male with a date of injury of 8/30/2002. He injured his back when he stepped on a piece of board. His past surgical history was positive for lumbar spine surgery on 1/12/11 and 8/24/11. He underwent Lumbar Fusion in April 2014. The injured worker initiated post-operative aquatic physical therapy on 6/4/15. The 7/11/14 treating physician progress report documented adequate lumbar hardware placement and intact fusion. There was no indication of delayed union or non-union. A request for a computed tomography scan to localize the hardware relative to neural foraminal canals was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 12 additional Aqua Therapy for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Post-Surgical Treatment Page(s): 24 26.

Decision rationale: The records suggest that the injured worker had completed the recommended post-surgical course of Associated Surgical Service: Physical Medicine Treatment. There was no documentation to support the medical necessity of additional aquatic

therapy relative to functional deficits. The 8/28/14 utilization review denied the request for additional supervised aquatic therapy, as there was no evidence to support medical necessity of treatment beyond the post-surgical guideline recommendations or an independent exercise program. Therefore, the 12 additional aquatic therapy sessions for the lumbar spine are not medically necessary, as they are not considered medically necessary.