

<b>Case Number:</b>	CM14-0170849		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/18/1995
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Spine Surgeon 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 64-year-old male who reported a work related injury on 07/18/1995. The mechanism of injury was not provided for review. His diagnoses were noted to include lumbar post-laminectomy syndrome. His past treatment has included medication management, physical therapy, and surgical intervention. His surgical history was noted to include multiple lumbar spine surgeries on unspecified dates. On the most recent clinical note, dated 09/08/2014, the injured worker continued to have sharp/stabbing pain along the anterior thigh of both legs, numbness/burning/throbbing pain in his low back, right greater than left, and numbness and tingling of his feet bilaterally. The injured worker has tried water therapy, land therapy, 2 separate SCS trials with little benefit, and increasing symptoms. He has tried Fentanyl patches, Fentanyl lollipops, Oxycontin with sedation and constipation side effects. The injured worker continues on stable doses of Norco and Keppra as noted. The injured worker is status post back surgery on 05/22 and was recovering without complication, but has considerable pain. The injured worker does not have a lift to use anymore, he has been ambulating with a cane, he has fallen twice because he is in so much pain and so debilitated. On physical examination, it was noted that his gait is antalgic with a cane. The injured worker is able to sit for 15 minutes without any limitations or evidence of pain. The injured worker is able to comprehend and answer questions. The lumbar spine revealed restricted range of motion in all planes with increased pain. Muscle guarding was also noted. The injured worker's prescribed medications were noted to include Levetiracetam, Norco, Spiriva, Lisinopril, Aspirin, Trazodone, Abilify, Atenolol, Lipitor, Atorvastatin, Isosorbide Monotirate, Lithium, Fluoxetine, Valium, Nitroglycerine, and Cyclobenzaprine. The treatment plan consisted of aquatic therapy and a stair lift for home. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 09/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The request for 12 aquatic therapy sessions is not medically necessary. The California MTUS states aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. In regards to the injured worker, it was noted that the injured worker attended physical therapy. However, there is no documentation of intolerance to the physical therapy, or reasons why the injured worker is unable to attend a land based therapy program. Therefore, the request is considered not medically necessary.

**Stair lift for home:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg & Knee, Durable Medical Equipment

**Decision rationale:** The request for Stair lift for home is not medically necessary. The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need if the device or system meets Medicare definition of durable medical equipment. The term durable medical equipment is defined as equipment which; can withstand repeated use, such as could normally be rented, and used by successive patients, is primarily and customarily to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for the use in the patient's home. In regards to the injured worker, there is no documentation of a special need for equipment for him to navigate his home safely. It is noted within the documentation that he ambulates with a cane. Therefore, the request for Stair lift for home is not medically necessary.