

Case Number:	CM14-0181477		
Date Assigned:	11/06/2014	Date of Injury:	06/22/2011
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Medicine 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:

This is a male patient who reported an industrial injury to the back on 6/22/2011, over 3 years ago, attributed to the performance of usual and customary job tasks. The patient underwent conservative treatment and then had surgical intervention with a lumbar spine fusion on 6/24/2014. The patient was doing well overall subsequent to the surgical intervention. The objective findings on examination included healed incision; trace reflexes at the knees and ankles, decreased sensation in the right lateral calf, and 4/5 strength of the EHL and gastrocnemius on the right. X-rays demonstrated alignment was maintained. The treatment plan was for postoperative rehabilitation physical therapy. It was noted that pool therapy was not authorized and the patient was subsequently requested to have 12 sessions of land-based therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Pool Therapy Sessions to the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-204, 299-300, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98-99, 22. Decision based on Non-

MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114 and on the Official Disability Guidelines (ODG) Lower Back Section-Physical Therapy; Neck Section-Physical Therapy

Decision rationale: The patient is not demonstrated to be precluded from performing land-based exercise. There is no rationale to support PT in the form of aquatic therapy over the recommended land-based therapy. There were no objective findings on examination to support the medical necessity of aquatic therapy directed to the postoperative back over the recommended land-based exercises and self-directed home exercise program. There was no rationale provided by the requesting physician to support the medical necessity of aquatic therapy over land-based physical therapy. The provider fails to document any objective findings on examination to support the medical necessity of aquatic therapy over the recommended land-based therapy postoperatively. There is no muscle atrophy; weakness; or neurological deficits to warrant the initial use of aquatic therapy. The CA MTUS and the Official Disability Guidelines recommend up to thirty-four (34) post-operative sessions of PT over 16 weeks (after graft maturity) for the rehabilitation of lumbar spine fusions. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of aquatic therapy over land-based postoperative physical therapy recommended by the CA MTUS for treatment of the lumbar spine. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested sessions of aquatic therapy directed to the lumbar spine s/p lumbar spine fusion.