

Case Number:	CM14-0182831		
Date Assigned:	11/07/2014	Date of Injury:	12/04/2007
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Practice, and is licensed to practice in Ohio. 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 has a date of injury of December 4, 2007. He evidently had a lumbar fusion surgery and began to have physical therapy in the pool. He completed 11/12 sessions and reported less pain. With physical therapy, right and left side bending improved from 5-10, and his right and left rotation improved from 10-20. His core abdominal strength improved from 4-/5 to 4+/5. The physical exam otherwise reveals negative straight leg raise testing and normal strength and sensation. X-rays revealed a healed central fusion with adjacent moderate disc disease of the lumbar spine. The diagnoses include lumbar spinal stenosis and displacement of intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Aquatic Therapy times 12: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, aquatic therapy and physical therapy

Decision rationale: The Official Disability Guidelines allow 34 physical therapy visits over 16 weeks after fusion surgery for displacement of intervertebral disc without myelopathy. A 6 visit physical therapy trial is customary and additional physical therapy is contingent upon functional gain as a consequence. In this circumstance, physical therapist notes functional gains in terms of strength and range of motion. Both the injured worker and treating physician feel that more improvement is possible with additional physical therapy. Because of 34 physical therapy visits are allowable under the guidelines, and additional 12 aquatic therapy physical therapy visits are medically appropriate and necessary.