

Case Number:	CM14-0021346		
Date Assigned:	06/11/2014	Date of Injury:	02/10/2006
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 51 year-old male who reported an injury on 2/10/2006. The mechanism of injury is noted as bending over and forward to pick up a coffee cup lid. The claimant underwent an anterior discectomy and fusion at L5-S1 on 6/18/2007. The most recent progress notes, dated on 12/4/2013 and 1/15/2014, indicate that there are ongoing complaints of low back pain and right shoulder pain. The physical examination documented, well developed/ well nourished, good grooming and personal hygiene, pleasant; mental status, normal mood and affect: alert and oriented to person, place and time (no lumbar spine or neurological exam is documented). MRI of the lumbar spine, dated 8/15/2012, demonstrated an anterior lumbar interbody fusion at L5-S1; no significant lumbar spondylosis; no central spinal stenosis or evidence of nerve impingement. Plain radiographs of the lumbar spine showed spacer and hardware intact at L5-S1. Electrodiagnostic study (EMG/NCV) of the lower extremities, dated 3/20/2009, showed no electrophysiological evidence for a motor lumbar radiculopathy. Current medications include: Anaprox-DS, Ultram ER, and cyclobenzaprine. A request was made for eight sessions of aquatic physical therapy for the lumbar spine and was not denied on 1/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) AQUATIC PHYSICAL THERAPY SESSIONS FOR 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. There is no documentation why the claimant is unable to participate in land-based physical therapy. As such, the request is not considered medically necessary.