

Case Number:	CM14-0033836		
Date Assigned:	06/20/2014	Date of Injury:	12/16/2002
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neurological Surgery 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:

The injured worker is a 42 year-old male was reportedly injured on December 16, 2002. The original injury is documented as occurring when the claimant was arresting a combative suspect that resulted in a low back injury that subsequently went on to fusion. Ultimately, this resulted in sacroiliac joint dysfunction and sacroiliac joint arthrodesis. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of low back pain. The claimant is documented as being status post bilateral sacroiliac joint arthrodesis on July 27, 2013. In the postoperative phase, the claimant participated physical therapy and aquatic therapy which "cynically improved his symptoms." A previous request for gym membership was authorized, but the pool the claimant was attending has since closed. The physical examination demonstrated no limitation of lumbar range of motion, reproducible tenderness of the lumbar muscles, but no direct spinous process or facet joint tenderness. No neurologic or sensory deficit is noted. The diagnoses of status post bilateral sacroiliac joint arthrodesis and thoracic muscle spasms are provided. Previous progress note, dated March 7, 2014, indicated that the claimant was participating in physical therapy of up to 2 weeks prior to this visit and was having continued improvement with relief lower extremity pain. However, once the aquatic exercises were discontinued the claimant's pain returned to baseline. Previous treatment includes bilateral sacroiliac joint fusion with postoperative aquatic therapy, Norco 10/325mg, aquatic therapy for chronic pain. A request had been made for physical therapy/aquatic therapy 12 visits for the lumbar spine and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OP PHYSICAL THERAPY/AQUA THERAPY (3) TIME WEEK FOR (4) WEEKS TO THE BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines supports the use of physical therapy for the management of chronic pain, including aquatic therapy. However, the guidelines also indicate that fading treatment frequency plus an active self-directed home exercise plan are recommended. Based on the clinical documentation provided, the claimant was participating in aquatic therapy and noted improvement, but once the exercises were discontinued the claimant's pain returned to baseline. As such, while the Chronic Pain Medical Treatment Guidelines does support the use of physical therapy, this has been completed and the claimant would likely benefit from continuing exercises independently. As such, the request is not medically necessary.