

Case Number:	CM14-0040947		
Date Assigned:	06/27/2014	Date of Injury:	01/12/2012
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54 year-old female with a 1/12/12 date of injury. She has been diagnosed with low back pain, chronic with left sacroiliac inflammation. According to the 2/18/14 orthopedic report from [REDACTED], the patient's chief complaint is of urinary and rectal incontinence, and also she is s/p total knee arthroplasty on 1/13/14. [REDACTED] states the knee is doing well following the arthroplasty, and he recommends physical therapy for the low back and left sacroiliac pain. On 3/18/14 UR denied the physical therapy, stating that the patient was already approved for 6 sessions of physical therapy on 3/11/14. Physical therapy notes from [REDACTED] [REDACTED] show physical therapy on 3/7/14 was for postoperative care for the 1/13/14 right knee replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land and Aquatic therapy to lumbar two times a week for four weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-98.

Decision rationale: The patient is a 54 year-old female with a 1/12/12 date of injury. She has been diagnosed with low back pain, chronic with left sacroiliac inflammation. According to the 2/18/14 orthopedic report from [REDACTED], the patient's chief complaint is of urinary and rectal incontinence, and also she is status post total knee arthroplasty on 1/13/14. [REDACTED] states the knee is doing well following the arthroplasty, and he recommends physical therapy for the low back and left sacroiliac pain. On 3/18/14 UR denied the physical therapy, stating that the patient was already approved for 6 sessions of physical therapy on 3/11/14. Physical therapy notes from [REDACTED] show physical therapy on 3/7/14 was for postoperative care for the 1/13/14 right knee replacement surgery. The IMR request is for land and aquatic therapy to the lumbar spine, 2x4. The patient is in the postsurgical physical medicine treatment timeframe for her right knee total knee arthroplasty which was performed on 1/13/14, but does not appear to be in the postsurgical physical medicine treatment timeframe for the lumbar spine. She is not reported to have had a recent lumbar surgery. The MTUS Chronic pain guidelines would appear to apply for physical therapy for the lumbar spine, and the MTUS postsurgical treatment guidelines would apply for the right knee. MTUS chronic pain guidelines for physical medicine recommends 8-10 sessions of therapy for various myalgias or neuralgias; and MTUS for aquatic therapy states it is an option, and for the specific number of sessions to see the MTUS physical medicine guidelines. The records show no prior physical therapy for the lower back. The request for land and aquatic therapy for the lumbar spine 2x4 appears to be in accordance with the MTUS chronic pain guidelines. Therefore the request is medically necessary.