

Case Number:	CM14-0058362		
Date Assigned:	07/09/2014	Date of Injury:	12/19/2007
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 64 year-old patient sustained an injury on 12/19/07 while employed by [REDACTED]. Request under consideration include physical therapy and aquatic therapy 2 x 6 weeks for the low back. Diagnoses include lumbosacral neuritis/ degenerative disc disease. The patient is s/p lumbar decompression, laminectomies, and foraminotomies of L2, L3, and L4 on 7/8/13. Conservative care has included physical therapy x 12 post-op, front-wheel walker, medications, modified activities/rest, and lumbar epidural steroid injections. A report of 3/17/14 from the provider noted the patient has completed course of physical therapy with complaints of constant mild to occasional moderater low back ache with prolonged walking/standing. He takes Norco for pain relief and independent with self-care and ADLs; requiring walker for ambulation. Exam showed tenderness along entire spine; loss of lumbar lordosis; mild thoracic kyphosis; range of motion not tested; positive straight leg raise at 80 degrees; motor strength of 4+/5 with intact sensation of the lower extremities. Treatment included aquatic therapy for spinal mobility. The request for physical therapy and aquatic therapy 2 x 6 weeks for the low back was modified for quantity of 6 sessions on 4/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and Aquatic Therapy 2 x 6 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines-Treatment Index, Current Edition (Web), Current year,
Back: Aquatic Therapy.

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

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria without indication of acute new injury, post-operative complications, or limitations in ADLs. The patient's surgery is now over 12 months without report of complications as the patient has reported no further pain with functional range and neurological findings on clinical exam. The patient has been instructed in a home exercise program and should continue with treatment regimen as part of functional restoration process. The physical therapy and aquatic therapy 2 x 6 weeks for the low back is not medically necessary and appropriate.