

Case Number:	CM14-0060408		
Date Assigned:	07/09/2014	Date of Injury:	03/11/2013
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 38 year-old patient sustained an injury on March 11, 2013 from a fall during the installation of plastic on top of plants while employed by [REDACTED]. Request(s) under consideration include 8 Water Therapy 2x4 and 8 Physical Therapy. Diagnoses include chronic low back pain s/p right L5-S1 microdiscectomy on December 18, 2013. Report of February 19, 2014 noted the patient has completed 4 land PT and 4 aquatic sessions with pain rated at 3/10. Report of March 20, 2014 noted the patient having completed twelve PT (physical therapy) sessions. Therapy report dated April 17, 2014 noted all goals either met or 95% met in aquatic therapy. Report of March 10, 2014 from the provider noted patient was improved with pain rated at 2-3/10. Exam showed slight residual S1 hypesthesia; no motor or reflex deficits identified. Request(s) for 8 Water Therapy 2x4 and 8 Physical Therapy were non-certified on April 18, 2014 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:

Water therapy, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy, Intervertebral disc disorders without myelopathy Page(s): (ICD9 722.1; 722.2; 722.5; 722.6; 722.8).

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for sixteen visits over eight weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of six months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over eight months with therapy goals met. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar fusion or knee arthroplasty with lumbar microdiscectomy over eight months ago nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT (physical therapy) and there is nothing submitted to indicate further functional improvement needed having meet 95% of therapy goals. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The request for water therapy, twice weekly for four weeks, is not medically necessary and appropriate.

Eight sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy, Intervertebral disc disorders without myelopathy Page(s): (ICD9 722.1; 722.2; 722.5; 722.6; 722.8).

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for sixteen visits over eight weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. The patient has completed sixteen therapy visits with noted functional improvement and should continue in a home exercise program (HEP). Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over eight months with therapy goals met. The request for eight sessions of physical therapy is not medically necessary and appropriate.