

Case Number:	CM14-0070379		
Date Assigned:	07/14/2014	Date of Injury:	10/09/2012
Decision Date:	11/20/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family Medicine and is licensed to practice in Ohio. 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 38 year old male with a date of injury of 10-09-2012. He sustained a concussion and a right ankle fracture on that date but subsequently developed dizziness and low back pain radiating to the lower extremities. He had surgery to his right ankle but has persistent right ankle pain and left foot pain. The diagnoses include lumbar disc displacement without myelopathy, lumbar strain/sprain, post traumatic vestibular dysfunction, plantar fasciitis, right sacroiliac joint arthropathy, and depression and anxiety. He has had 2 lumbar epidural steroid injections with modest relief. The physical exam reveals tenderness and spasm of the lumbar musculature, tenderness to the right sacroiliac joint, antalgic gait, and diminished sensation to the S1 nerve root distribution bilaterally. On 4-22-2014 he was advised to continue his home exercise program and aquatic therapy 3 times a week for 4 weeks was requested. He completed 3 weeks of physical therapy in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy times twelve (12) visits for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: The Official Disability Guidelines specifically allow for 10 physical therapy visits over 8 weeks for lumbar strains/sprains, the given diagnosis on the Request for Authorization form. However, the requested number of physical therapy visits in this instance is 12. The requesting provider specifically requests a continuation of the previously learned home exercise program as well. Because the requested number of physical therapy visits exceeds that recommended by the guidelines for lumbar strains/sprains, and because the requesting physician does indicate why a continuation of the previously learned home exercise program is not sufficient, 12 aquatic therapy sessions are/were not medically necessary per the referenced guidelines.