

Case Number:	CM14-0076156		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2012
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The injured worker is a 64 year old male who sustained an injury on February 17, 2012. He is diagnosed with status post L4-S1 non-instrumented posterolateral fusion and adjacent segment disease at L3-4. He was seen for an evaluation on April 16, 2014. He presented with complaints of severe back pain with radiation to the right lateral posterior leg. He reported difficulty seating and standing for any length of time because of pain. An examination of the lumbar spine revealed a well healed posterior lumbar incision with severe tenderness. Range of motion was decreased to 50% of normal. He has a left incision over the iliac crest region. He had significant difficulty rising from a seated to standing position and had to use a cane to assist with mobilization. His patellar reflexes were decreased. His lower extremity sensation was decreased over the bilateral L4 and L5 nerve distribution. Decompression and fusion was discussed and a request was submitted for postoperative physical therapy for 18 sessions (nine which will be aquatic therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Aquatherapy lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for postoperative aquatic therapy to the lumbar spine is not medically necessary at this time. As per the California Medical Utilization Treatment Schedule, aquatic therapy is particularly recommended for those with extreme obesity. From the medical records reviewed, it has been determined that the injured worker stands 6 feet and 2 inches tall and weighs 175 pounds. Utilizing the body mass index formulation, the injured worker is categorized within normal range. Medical records failed to establish why there is a need for aquatic therapy when the injured worker is not obese. Hence, proceeding with the request for postoperative aquatic therapy is deemed not medically necessary at this time.