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| Case Number: | CM14-0092751 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/02/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Pain Management 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 53 year old male with date of injury 3/2/12 with unknown mechanism of injury. The treating physician report dated 4/16/14 indicates the patient is two weeks postsurgical following right sided L3-S1 laminectomy. At that time the patient reported the RLE pain and numbness was completely gone and at that time only had LBP and soreness at the incision site. The records indicate that at that time he had mild tenderness to palpation bilaterally about the lumbar paraspinal musculature. He demonstrated no evidence of limp or antalgic gait. The current diagnoses, patient is postsurgical from a multilevel laminectomy with spinal stenosis. The utilization review report dated 6/10/14, denied the request for aquatic therapy at a frequency and duration of 2 times a week for 6 weeks. This denial was based on the requested physical therapy exceeding the MTUS guidelines as the patient had already been authorized 16 visits. There is nothing in the medical records to indicate if the patient had utilized the previous physical therapy visits and how he responded to it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times a week for 6 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: Records indicate the patient had previously been authorized 16 sessions of physical therapy. The MTUS postsurgical rehabilitation guidelines recommend an initial course of therapy following surgical procedures. Initial course of therapy is defined as one half of the number of visits specified in a course of treatment. Therefore, if the patient had the authorized 16 sessions, the additional 12 sessions exceeds the guidelines. Additionally, even if the patient had not had the initial 16 sessions, 12 visits exceeds the MTUS guideline regarding initial course of therapy. Furthermore, the current medical records fail to disclose any functional deficits. Therefore the Aquatic Therapy sessions are not medically necessary.