

Case Number:	CM14-0095920		
Date Assigned:	09/05/2014	Date of Injury:	09/15/2000
Decision Date:	10/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 53-year-old male who reported injury on 09/15/2000. The mechanism of injury was the injured worker was rolling a large piece on casters under a unit when he lost control of the piece, and grabbed it as it flipped over. Prior therapies were not provided. The injured worker's medications included Naprosyn 550 mg 1 by mouth q12h as needed with food. The documentation of 3/11/2014 revealed the injured worker had surgery that was successful. The injured worker developed left foot drop. The injured worker had x-rays of the lumbar spine, AP pelvis and bilateral frog leg laterals as well as bilateral feet and ankles. The diagnoses included status post right sided L5-S1 discectomy 12/19/2001, status post left sided L4-5 discectomy 07/08/2004, status post left sided revision L4-5 discectomy and right sided L4-5 discectomy on 08/30/2013 and left foot drop. The physical examination, the subjective complaints revealed the injured worker had significant low back pain and diffuse pain in the right ankle and foot and sharp pain along the longitudinal arch on the left. The injured worker had significant neurologic symptoms bilaterally. The physician documentation indicated the injured worker did not have physical therapy postoperatively, because they were concerned regarding the neurologic symptoms. The documentation indicated it had been 6 months since surgery, and the injured worker had a significantly affected gait. The request was made for 12 sessions of aquatic therapy since the injured worker had a significantly affected gate and 6 sessions of acupuncture as well as a spine specialist. The medications included Naprosyn and Tizanidine. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2xWk x 6 Wks Lumbar Spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy when there is a necessity for reduced weight bearing. The number of sessions is up to 10 for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker did not have physical therapy postoperatively. However, there was a lack of documentation indicating a necessity for reduced weight bearing status. There was a lack of documentation indicating the injured worker could not participate in land based therapy. Given the above, the request for pool therapy 2 times a week times 6 weeks lumbar spine is not medically necessary.