

Case Number:	CM14-0193811		
Date Assigned:	12/01/2014	Date of Injury:	05/12/2003
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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 Interventional Spine 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 51-year old male with the injury date of 05/12/03. Reports provided by physician, utilization review letter, or AME do not contain much information about the patient's pain condition. Per treating physician's report 06/10/14, the patient has right knee pain. The patient is taking Oxycodone. The lists of diagnoses are: 1. Chronic low back pain 2. Lumbar surgery 3. Right knee pain Per AME's report 08/24/2014, the patient had posterior segmental fixation at L3-4 and L4-5 with instrumentation on 08/24/07, removal of the posterior fixation on 03/13/09 and redo of the anterior lumbar interbody fusion at L3-4 on 01/21/14. The patient has been temporarily totally disabled since 05/14/03. Per progress report 03/17/14, the patient had physical therapy, TENS unit and medications. The x-ray of lumbar spine from 09/10/14 does not show any deficit. Per utilization review letter 10/24/14, the patient uses a cane and rates his pain as 5-7/10. ROM of the lumbar spine is decreased moderately. His lower back has diffuse tenderness noted, and sensation is grossly intact. The patient's gait is abnormal after his knee surgery and the date of operation is not provided. The utilization review determination being challenged is dated on 10/24/14. Two treatment reports were provided from 03/17/14 to 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2x5 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 29.

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

Decision rationale: The patient presents with pain in his lower back and right knee. The patient is s/p several back surgeries, including redo of anterior lumbar interbody fusion at L3-4 on 01/21/14. The request is for 10 sessions of water therapy for the lumbar spine. MTUS page 22 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the physician has asked for therapy but does not discuss as to why this patient would require reduced weight bearing exercises or treatments. The physician does not discuss the patient's treatment history and how the patient has done with prior therapy. The patient is s/p lumbar fusion and there is no mention of how post-operative therapy was tolerated. MTUS supports water therapy when weight-bearing is an issue. The request is not medically necessary.