

Case Number:	CM14-0060821		
Date Assigned:	07/09/2014	Date of Injury:	06/26/2008
Decision Date:	01/07/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 69 year old female with date of injury 06/26/08. The treating physician report dated 04/08/14 indicates that the patient presented with left-sided flank pain and re-evaluation and treatment of her left foot fracture. The physical examination findings reveal that the patient's back pain significantly improved since the lumbar fusion, motor strength shows 3/5 strength in the extensor hallucis longus and 3+/5 in the anterior tibialis and sensation in the lateral aspect of the leg and diminished sensation over the top of the foot. Prior Treatment history included treatment of her left foot fracture with six weeks of casting, and lumbar fusion performed on unknown date. The current diagnoses are: 1. Status post lumbar decompressive surgery at L4 through S1 with pedicle screw fixation interbody graft2. Postoperative neuropraxia improving with improvements in anterior tibialis strength3. Deconditioning left lower extremity musculature and paralumbar muscles status post recent casting of the left lower extremityThe utilization review report dated 04/22/14 denied the request for Aqua Therapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, 2 x per week for 12 weeks, for the Lumbar Spine and Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Aqua Therapy Page(s): 98-99.

Decision rationale: The patient presents with left-sided flank pain, lower extremities deconditioning, and SLP Lumbar Fusion. The current request is Aqua Therapy, 2 x per week for 12 weeks, for the Lumbar Spine and Bilateral Lower Extremities. In reviewing the treating physician reports submitted for review there is no known date for the lumbar surgery that was stated in the 4/18/14 report. Further review of the medical records show that the patient completed 12 aquatic therapy/physical therapy sessions on 11/22/13. No date was given for the lumbar surgery but the request for therapy was made over a year ago. The IW was post surgical then so it can be extrapolated that the surgery was over a year ago. The current request for 24 sessions of physical therapy aqua therapy exceeds the MTUS guidelines. In addition, the injured worker appears more appropriate for land based therapy from the functional level described in the 3/11/2014 progress report. The request is not medically necessary.