

Case Number:	CM15-0142925		
Date Assigned:	08/03/2015	Date of Injury:	11/09/2012
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 11-09-2012. On provider visit dated 06-04-2015 the injured worker has reported low back pain with numbness and tingling to the right lower extreme all the way down to the foot. On examination the lumbar spine revealed slight flattening of the lumbar lordosis, a well healed surgical scar in the posterior lumbar spine region and tenderness in the paraspinous musculature of the lumbar region was noted. Midline tenderness and range of motion was decreased as well. Sciatic stretch was positive on the right. The diagnoses have included status post lumbar spine laminectomy and discectomy. Treatment to date has included medication and physical therapy. The injured worker was noted to remain on temporary totally disabled. The provider requested additional aquatic therapy 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: The patient is s/p lumbar laminectomy and discectomy in January 2015 with previous aquatic therapy treatment. Although it is noted the patient tolerates the aquatic therapy, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered. The patient reports unchanged activity and pain levels, continuing on analgesics remaining off work. The rehab period for lumbar surgery has been surpassed and there is no diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Additional aquatic therapy 2 times per week for 4 weeks is not medically necessary or appropriate.