

Case Number:	CM15-0143859		
Date Assigned:	08/04/2015	Date of Injury:	09/30/2009
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male with a September 30, 2009 date of injury. A progress note dated June 11, 2015 documents subjective complaints (gradually having more pain in the legs since surgery eight months ago; pain is worse in the left lateral leg and top of the foot; pain also on the right side; pain returned two months ago in the left leg but in a different location), objective findings (diminished left ankle reflexes; decreased sensation to light touch and pinwheel in the left L5 and S1 dermatomes; decreased strength of the left ankle; difficulty with left heel walking; decreased range of motion; positive straight leg raise on the left), and current diagnoses (L5 radiculopathy on the left; L4-5 disc herniation; persistent knee pain). Work-up has included magnetic resonance imaging of the lumbar spine (June 7, 2015; showed lateral canal stenosis at L4-5; facet arthropathy, bilateral recess stenosis and central canal stenosis). Treatments to date have included L4-5 right sided foraminotomy on January 13, 2014, anterior cervical discectomy and fusion at C3-4 and C4-5 on July 30, 2012; L5-S1 microdiscectomy on October 20, 2014, knee surgery, physical therapy, and medications. The medical record indicates that the provider recommended microdiscectomy surgery on the left side. The treating physician documented a plan of care that included eighteen sessions of postoperative aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op aquatic therapy times 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. This worker has not been identified to have "extreme obesity." Serial progress notes do not contain information on height, weight or BMI. It appears that land-based physical therapy has been tolerated previously and there is a lack of documentation of functional benefit from PT to date. Therefore, this request is not medically necessary.