MAXIMUS Federal Services

Case Number:	CM15-0191563		
Date Assigned:	10/05/2015	Date of Injury:	11/19/2014
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 66 year old male who reported an industrial injury on 11-19-2014. His diagnoses, and or impressions, were noted to include: lumbar disc bulge; lumbar-other facet hypertrophy; and disc degeneration (illegible). No current imaging studies were noted. His treatments were noted to include: physical therapy (8-2015); a home exercise program; medication management; and rest from work. The progress notes of 9-1-2015 reported: body parts of right hip and leg; a slight decrease in low back pain that was intermittent and moderate, occasionally severe depending on activity and sudden movements, that radiated down both legs, right > left, and was with numbness-tingling and limited range-of-motion; that he had completed a course of physical therapy; that he was a that he was not working and was awaiting a response to work restrictions; and sleep disruption. The objective findings were noted to include: decreased lumbar range-of-motion and positive bilateral straight leg raise. The physician's requests for treatment were noted to include a short course of aquatic physical therapy, twice a week for 4 weeks, due to an underlying medical condition that made him unable to have recommended surgery; and an orthopedic mattress to help relieve his ongoing lumbar spine symptoms. No Request for Authorization for aquatic physical therapy, 2 x a week x 4 weeks, for the lumbar spine, and an orthopedic mattress was noted in the medical records provided. The Utilization Review of 9-15-2015 non-certified the request for aquatic physical therapy, 2 x a week x 4 weeks, for the lumbar spine, and an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2x4 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant did perform physical therapy and home exercises. The request for aqua therapy is not medically necessary.

Orthopedic Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 64.

Decision rationale: According to the guidelines, mattress selection is not recommended as sole criteria. In this case, the request for an orthopedic mattress was based on the claimant not being a candidate for surgery. The benefit and specific modality the claimant would receive from the mattress were not substantiated. Although and Orthopedic mattress may provide some relief, there is no particular mattress that is proven beneficial through evidence based practice and no one mattress is superior to another. The request for the Orthopedic mattress is not a medical necessity.