

Case Number:	CM15-0197276		
Date Assigned:	10/12/2015	Date of Injury:	11/10/2012
Decision Date:	11/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii

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 33-year-old male who sustained an industrial injury on 11-10-2012. A review of the medical records indicated that the injured worker is undergoing treatment for left lumbar radiculopathy, lumbar spinal stenosis and disc herniation. The injured worker is status post partial left L4-5 laminectomy in 09-2014 and bilateral laminectomy, partial facetectomy with decompression and interbody L4-L5 and L5-S1 fusion in 04-20-2015. According to the treating physician's progress report on 08-26-2015, the injured worker continues to experience back pain with numbness to the left lower extremity and right hip and knee pain due to an altered gait. Examination of the lumbar spine revealed a well healed incision and the injured worker ambulated without difficulty. Left knee and right hip magnetic resonance imaging (MRI) performed on 08-26-2015 with official reports were included in the review. Prior treatments have included diagnostic testing, surgery, physical therapy (land and water) and medications. Current medications were noted as Norco and Tramadol. Treatment plan consists of continuing physiotherapy and medications and the current request for aquatic therapy 3 times a week for 6 weeks for the lumbar spine. On 09-11-2015, the Utilization Review modified the request for aquatic therapy 3 times a week for 6 weeks for the lumbar spine to aquatic therapy 3 times a week for 3 weeks (total sessions 10) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

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

Decision rationale: The patient presents with back pain with numbness to the left lower extremity and right hip and knee pain due to an altered gait. The current request is for aquatic therapy 3 times a week for 6 weeks for the lumbar spine. The treating physician states, in a report dated 09/10/15, "REQUESTED: Aquatic therapy 3xWk x 6wks, Lumbar." (152B) The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this case, the treating physician, based on the records available for review, states "IW has started physical therapy. Per UR records, IW has been certified 26 sessions of physical therapy." (152B) The UR report dated 9/11 has modified the request to certify 10 sessions of aquatic therapy. There is no guideline support for 18 sessions of PT. The current request is not medically necessary.