

Case Number:	CM15-0199416		
Date Assigned:	10/14/2015	Date of Injury:	08/16/2012
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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 41 year old female, who sustained an industrial injury on August 16, 2012. The injured worker was diagnosed as having status post left laminotomy and discectomy, displacement of lumbar intervertebral disc without myelopathy, lumbar spinal stenosis, and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment and diagnostic studies to date has included status post left lumbar laminotomy and discectomy at lumbar four to five on August 27, 2015, lumbar spine x-rays, and physical therapy. In a progress note dated September 09, 2015 the treating physician reports that this visit was the injured worker's first post-operative visit from laminotomy and discectomy performed and had complaints of low back pain, but noted resolution of leg pain. Examination performed on September 09, 2015 was revealing for difficulty with rising from sitting to standing and motor and sensory function intact to the lower extremities. The medical records provided included physical therapy note from March 05, 2015 that noted 8 prior physical therapy sessions were provided prior to surgery and indicated that the injured worker was able to complete her treatment and had a decrease in the stiffness to the low back. On September 09, 2015 the treating physician requested aquatic therapy two times six to assist the injured worker to return to her usual activities. On September 23, 2015 the Utilization Review determined the request for aquatic therapy at two times six to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Aquatic therapy 2x6. The treating physician report dated 6/18/15 (97B) states, the patient has been treated with activity restrictions, anti-inflammatory and analgesic medications, physical therapy. These interventions have failed to resolve her symptoms. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received an unknown amount of physical therapy for the low back previously. The patient's status is not post-surgical. In this case, the patient has received an unknown quantity of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, there was no documentation in the medical reports provided as to why the patient requires aquatic therapy over land based therapy. Lastly, previous physical therapy failed to improve the patient's symptoms. The current request is not medically necessary.