

Case Number:	CM15-0022255		
Date Assigned:	02/11/2015	Date of Injury:	02/27/2002
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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 78-year-old female who reported an injury on 02/27/2001. The mechanism of injury was not specifically stated. The current diagnoses included lumbar spondylosis without myelopathy and lumbar spinal stenosis with neuropathic claudication. The injured worker presented on 12/16/2014 for a pain management follow-up visit. The injured worker reported ongoing low back pain with bilateral lower extremity symptoms. Subjective complaints included numbness and weakness in the lower extremities with mild loss of urine intermittently. It was noted that the injured worker was pending authorization for an MRI of the lumbar spine. Previous conservative treatment includes medication management, aquatic physical therapy and chiropractic treatment. Upon examination, there was a slow gait, tenderness in the lower lumbar paraspinal muscles, muscle spasm, decreased range of motion and worsening pain with posterior extension. There were no gross motor or sensory deficits noted. Straight leg raise test was negative bilaterally. Recommendations included ongoing [REDACTED] pool exercises. The injured worker was also pending authorization for a lumbar epidural steroid injection and a urological consultation. A Request for Authorization form was then submitted on 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy, [REDACTED] pool, twice a week for six weeks for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an alternative form of exercise therapy, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. In this case, there is no indication that his injured worker requires reduced weight bearing. There was no mention of a contraindication to land based physical therapy. Furthermore, there was no documentation of a significant functional improvement following the initial course of treatment. Ongoing physical therapy with aquatic exercise would not be supported at this time. As such, the request is not medically appropriate.