

Case Number:	CM15-0217598		
Date Assigned:	11/09/2015	Date of Injury:	01/10/2014
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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

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 40 year old male with an industrial injury dated 01-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for spondylolisthesis at L4-5, spondylosis L5 lamina and status postop instrumented spinal fusion at L4-5 in October 2014. Medical records (09-14-2015) indicate that the injured worker was experiencing weakness of the right lower extremity with depression of the right knee reflex secondary to disc pathology status post-surgery. The treating physician reported that the injured worker had an increase in pain from land based therapy but had dramatic improvements from aqua therapy. Objective findings (09-14-2015, 07-29-2015) revealed ambulation with slight antalgic gait favoring the right leg, weakness of the right quadriceps muscle, absence knee reflex on the right, and sensory blunting along the anterior aspect of the right thigh. Treatment has included diagnostic studies, prescribed medications, at least 28 aqua therapy sessions since March 2015, physical therapy and periodic follow up visits. The utilization review dated 10-21-2015, modified the request for additional aqua-therapy x4 to low back (original: x 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua-therapy x 12 to low back: 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.

Decision rationale: Although it is noted the patient tolerates the aquatic therapy, it appears no noted functional gains or pain relief has been achieved from at least 28 aquatic treatments already rendered. The patient reports unchanged activity with ongoing pain symptoms, continuing on analgesics. The rehab period for lumbar surgery has been surpassed with surgery in October 2014 and there is no diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Additional aqua-therapy x 12 to low back is not medically necessary and appropriate.