

Case Number:	CM15-0040768		
Date Assigned:	03/10/2015	Date of Injury:	09/07/2006
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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 57-year-old female, who sustained an industrial injury on 09/07/2006. She reported low back pain. The injured worker was diagnosed as having L5-S1 arthropathy; right sacroiliac joint dysfunction; right leg radiculopathy; and right greater trochanter bursitis. Treatment to date has included medications, injections, bracing, physical therapy, and surgical intervention. The injured worker is status post re-exploration with right L3, L4, L2 laminotomy and lateral recess decompression, and foraminotomy of L3 and L4, performed on 12/18/2014. A progress note from the treating provider, dated 01/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of numbness in the right lower extremity; notes a significant reduction in pain post-operatively; and has upper back and right shoulder pain. Objective findings included a well-healed lumbar spine incision; decreased sensation over the right L3, L4 dermatome distribution; gait is significantly antalgic and favors the left lower extremity; and utilizes four-prong cane for ambulation. Due to the injured worker's physical limitations, the treatment plan of care involved changing the approved post-operative physical therapy to post-operative aquatic therapy to work on conditioning. Request is being made for Post-op aquatic therapy 3 times 6 for lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op aquatic therapy 3 times 6 for lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99, Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient presents with complaints of numbness in the right lower extremity and has upper back and right shoulder pain. The request is for POST-OP AQUATIC THERAPY 3 TIMES 6 FOR LUMBAR. The RFA provided is dated 01/30/15. Patient's diagnosis included L5-S1 arthropathy; right sacroiliac joint dysfunction; right leg radiculopathy; and right greater trochanter bursitis. Treatments to date have included medications, injections, bracing, physical therapy, and surgical intervention. The patient is status post re-exploration with right L3, L4, L2 laminotomy and lateral recess decompression, and foraminotomy of L3 and L4 on 12/18/14. Patient notes a significant reduction in pain post-operatively. The reports do not reflect whether the patient is working. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine "Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". MTUS post-surgical guidelines, pages 15-17, recommend 24 visits of PT over a span of 14 weeks. The post-operative period is six months. Treater is requesting aquatic therapy instead of standardized physical therapy due to the patient's physical limitations. The nature of the physical limitations was not provided. Per MTUS guidelines, aquatic therapy is indicated for patients whose weight makes land-based physical therapy too uncomfortable. In this case, the patient is considered overweight; a reported BMI of 39.15. In reviewing the medial records, it appears that the patient has had no prior aqua therapy. Given the patient's persistent symptoms and lumbar conditions that may benefit from starting with weight reduced exercises the requested aquatic therapy may be reasonable. Therefore, this request IS medically necessary.