

Case Number:	CM15-0040958		
Date Assigned:	03/11/2015	Date of Injury:	01/21/1988
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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 63-year-old female who sustained an industrial injury on 01/21/1988. Diagnoses include lumbar spinal stenosis. Treatment to date has included chiropractic sessions. A physician progress note dated 02/01/2015 documents the injured worker shows significant improvement in her back and bilateral leg pain. She does have some intermittent weakness of both legs but in general is doing much better. She takes no significant pain medication. She has a lesion at L3-4 with a combination of posterior ligamentum flavum hypertrophy and anterior disc bulge, giving rise to lumbar stenosis down to 2.5mm. It is documented the physician believed the radiographic lesion is pathologic and an operative lesion, but the symptoms are not. It is felt that although she is asymptomatic without medication currently, eventually I believe her symptom will recur. Currently it is reasonable to continue her chiropractic treatment as well as to start outpatient physical therapy with hydrotherapy as well. Treatment requested is for Physical therapy (unspecified), and pool therapy 3 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with a date of injury of 01/21/1988 and presents with low back and bilateral leg pain with intermittent weakness of both legs. The current request is for physical therapy (unspecified). The request for authorization is dated 02/17/2015 and requests "physical therapy, BB P.T." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. Progress report dated 02/01/2015 recommends that patient "start outpatient physical therapy with hydrotherapy as well." There is no further discussion regarding physical therapy. The number of requested sessions cannot be established as there is no discussion regarding this request. Utilization review denied the request stating that MTUS Guidelines "do not support physical therapy for asymptomatic individuals. There is no indication of any recent flare up of this patient's chronic pain in her back that is resulting in any loss of function that PT is to address." An open-ended prescription for therapy cannot be supported. This request IS NOT medically necessary.

Pool therapy (3x6 weeks): Upheld

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.

Decision rationale: This patient has a date of injury of 01/21/1988 and presents with low back and bilateral pain with intermittent weakness of the bilateral legs. Request for authorization dated 02/17/2015, request aquatic therapy 3 times a week for the next 6 weeks. The current request is for pool therapy 3 times 6 weeks. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aquatic therapy has the following, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aqua therapy and swimming can minimize the effect of gravity, so this specifically recommend where reduced weight bearing is desirable, for example extreme obesity." Examination findings indicate straight leg raise testing positive and hyper-reflexive knees. There is no discussion regarding physical limitations or neurological deficits that would require weight reduced therapy. There is no documentation or explanation as to why aquatic therapy is necessary as opposed to a home-based exercise program or land-based therapy. Furthermore, the treating physician's request for 18 sessions exceeds what is recommended by MTUS. For recommendation of number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 visits over 8 weeks. This request IS NOT medically necessary.

