

Case Number:	CM15-0231152		
Date Assigned:	12/04/2015	Date of Injury:	11/27/2006
Decision Date:	01/11/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old female who reported an industrial injury on 11-27-2006. Her diagnoses, and or impressions, were noted to include status-post lumbosacral fusion (2-2-15). No imaging studies were noted. Her treatments were noted to include: surgery (2-2-15), 36 physical therapy sessions lumbar spine: helpful, medication management, and rest from work. The progress notes of 10-27-2015 reported: pain, rated 6-7 out of 10, that her balance was off for extended walks, and that water physical therapy was helpful and provided increased improvement. The objective findings were noted to include that she took Norco 3 x a day and Flexeril as needed. The physician's requests for treatment were noted for water physical therapy 2-3 x a week for 6-8 weeks, lumbar spine. The Request for Authorization, dated 11-3-2015, was noted for status-post fusion physical water therapy, lumbar, 2-3 x a week x 6-8 weeks (pool therapy). The Utilization Review of 11-4-2015 non-certified the request for physical water (pool) therapy for the lumbar spine, 2-3 x a week x 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical water therapy, Lumbar spine 2-3 times a week for 6-8 weeks (pool therapy):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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

Decision rationale: Physical water therapy, lumbar spine 2-3 times a week for 6-8 weeks (pool therapy) is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 34 visits over 16 weeks within a 6-month post surgical period. The documentation indicates that the patient has had 36 prior PT visits. The documentation indicates that the patient has had benefit from prior water physical therapy. The documentation indicates that the patient is out of the 6 month postoperative time period from this surgery. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The MTUS recommends aqua therapy as an alternative to land based therapy. The request for up to 12 to 24 additional PT sessions would further exceed the MTUS recommended number of therapy visits for this patient's diagnoses. Furthermore, there is no evidence that the patient is unable to participate in land-based therapy. For all of these reasons the request for physical water therapy is not medically necessary.