

Case Number:	CM14-0120034		
Date Assigned:	09/16/2014	Date of Injury:	05/26/2009
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male who was injured on May 26, 2009. The mechanism of injury is reported as a fall backwards into a pit while using a heavy water pump. The diagnoses listed as sprain of neck (847.0). The most recent progress note dated 6/11/14, reveals complaints of head and neck range of motion produces pain, discomfort, and limited mobility. Left sided sciatica, spasm, and significant range of motion was also documented. Physical examination of the thoracic spine revealed tenderness to palpation in the upper, mid, and lower paravertebral muscles with limited range of motion (ROM); lumbar spine showed well healed tender posterior scar without signs of infection, tenderness to palpation, limited lumbar ROM, increased pain with lumbar ROM, positive straight leg raising, decreased sensation in bilateral lower extremities in the S1 nerve distribution, without any evidence of motor weakness or reflex asymmetry. Prior treatment includes anterior cervical discectomy and fusion (ACDF), medications, postoperative physical therapy, and home exercise program. Current medications include Norco 5/325 milligrams, Flexeril, and Voltaren (extended release) XR 100 milligrams. A prior utilization review determination dated 7/3/2014 resulted in denial of twelve postoperative aqua therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 postoperative Aqua therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: According to CA MTUS guidelines, aquatic therapy is 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, such as for extreme obesity. In this case, there is no indication the IW requires reduced weight-bearing. In addition, the injured worker has already physical therapy; at this juncture, the IW should be well versed in independent home exercise program, which he can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. Therefore, the medical necessity of the request is not established per guidelines.