MAXIMUS Federal Services

Case Number:	CM14-0140787		
Date Assigned:	09/10/2014	Date of Injury:	07/28/2011
Decision Date:	11/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/01/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of July 28, 2011. A utilization review determination dated August 25, 2014 recommends noncertification for water physical therapy. A physical therapy progress report dated June 16, 2014 indicates that the patient underwent 15 of 18 authorized therapy visits following hardware removal and lumbar fusion. The patient states that she can now sit and stand for longer periods of time but remains limited to one hour with her activities of daily living. The achievement plan recommends additional physical therapy. A progress report dated July 2, 2014 identifies subjective complaints indicating that the patient continues to work with physical therapy. Objective examination findings reveal 5/5 strength in the lower extremities with normal sensation. The patient has an unsteady stance and difficulty standing on 1 foot. Diagnoses include status post posterior L4-L5 pedicle screw/rod instrumentation, persistent low back pain and lower extremity pain. The treatment plan recommends additional physical therapy twice a week for at least 4 more weeks to include aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Physical Therapy 2x3 (quantity 6) Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, aqua therapy,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Additionally, it appears the patient is able to tolerate land-based therapy as evidenced by completion of at least 15 land-based therapy visits. Furthermore, there is no recent documentation of objective functional deficits which would be unable to be addressed with a home-based resistance exercise program. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.