

Case Number:	CM14-0146469		
Date Assigned:	09/29/2014	Date of Injury:	08/30/2010
Decision Date:	11/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Interventional Spine 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 patient is a 52 year old female with an injury date of 8/30/10. No PR2 was submitted with treatment request. However, based on the 3/07/14 progress report by [REDACTED] this patient completed 2nd part of fusion on 12/04/13 but still complains of constant P in R LB/butt to foot w/weakness and pain in the left butt. Exam of this patient shows: 1+ R Achilles reflex, weak R L5, S1, gluteal, hamstring, quad muscles. Exam also reveals this patient has spasms and decreased ROM. Work status as of 3/07/14: Remain PTP; return to modified work on 1/20/14 with restrictions. Diagnoses for this patient are as follows: 1. Right hip socket SP/ST and osteoarthritis. 2. Si joint SP/ST, lumbar SP/ST. 3. Lumbar IVD syndrome. The utilization review being challenged is dated 8/25/14. The request is for PT/aqua therapy eight sessions. The requesting provider is [REDACTED] and he has provided various progress reports from 1/31/13 to 3/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy/ Aqua Therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98, 99.

Decision rationale: This patient presents with constant pain and weakness in lower back to buttocks to hamstrings. The 3/07/14 progress report notes slow progress, Pt does not feel significant improvement yet. The provider requests PT/aqua therapy eight sessions. Regarding aquatic therapy, MTUS states: 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. The 7/22/13 operative report indicates great care was taken to pad all weight bearing surfaces and due to this patient's large body habitus, operative positioning was carefully checked by the anesthesiologist, OR nursing staff. Additionally, this patient has received some aqua therapy (though post-operatively and total number of sessions completed is unknown). According to the 3/07/14 progress report, this patient is "in aqua therapy now (2 of 8) as 1st phase of post-op rehab. MTUS guidelines allow for 9-10 sessions for various myalgias and myositis. Considering this patient's use of walker w/limp, and lack of significant improvement and progress, additional 8 sessions of aqua therapy seem reasonable. Furthermore, aqua therapy seems appropriate for this patient with a large body habitus, to reduce weight bearing and to increase range of motion and function. Such as, 8 Sessions of Physical Therapy/ Aqua Therapy is medically necessary.