

Case Number:	CM14-0147481		
Date Assigned:	09/18/2014	Date of Injury:	12/12/2011
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation, has a subspecialty in 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:

The patient is a 56-year-old female with a date of injury of 12/12/2011. The listed diagnosis per [REDACTED] is "post-lumbar fusion in lumbar spine." According to progress report 08/05/2014, the patient is status post lumbar spine fusion on 05/01/2014. The treater states that the patient has been instructed to initiate postoperative aquatic therapy; however, it has been denied. Examination revealed decreased range of motion and strength. The patient was able to sit 30 minutes. The patient reports deficits in pain, mobility, strength, endurance, and function. Recommendation is for pool physical therapy 5 times a week for 1 week. Utilization review denied the request on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

aqua therapy 5 times a week for 1 week of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page 25. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14); Aquatic therapy

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

Decision rationale: This patient is status post lumbar spine fusion on 05/01/2014. The treater is requesting aquatic therapy 5 times a week for 1 week for functional mobility and strength. Utilization review denied the request stating that there is no evidence of significant obesity that would preclude land therapy based exercises. MTUS guidelines recommend aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as extreme obesity. MTUS guidelines for postoperative therapy following low back surgery recommends 24 sessions over 16 weeks. [REDACTED] has noted that the patient has only received 6 sessions of postoperative physical therapy since her surgery. In this case, given the patient's recent lumbar fusion and continued deficits, a short course of 5 aquatic therapy sessions may be warranted. The request is medically necessary.