

Case Number:	CM14-0178324		
Date Assigned:	10/31/2014	Date of Injury:	09/15/2010
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female who had a work injury dated 9/15/10. The diagnoses include spondylolisthesis; history of L4-5 fusion on 9/27/13 and cervical degenerative disc disease. Under consideration are requests for additional physical therapy twice per week for six weeks for the cervical and lumbar spine and pool therapy. There is a 4/17/14 progress note that states that the patient has axial low back pain and right leg pain. The patient presents for an 8 month follow up. She has had some improvement but overall her symptoms have continued to persist. She reports significant back and buttock pain. She has some right leg pain. She believes PT is helping at a slow pace. On examination she has 5/5 strength in the C5-T1 and L2-S1 myotomes. Sensation is decreased in the L4, L5 dermatomes. Reflexes are intact in the BUE/BLE. There is a negative straight leg raise. There are negative Babinski and Hoffman signs. The gait is normal. The treatment plan includes continuing PT an additional 15 visits to further strengthen her back and legs. She will see a neurologist for persistent neurologic symptoms. If she does not heal her fusion in 6-8 months she may need an anterior interbody fusion. Per documentation an 8/17/14 report states that she reports that she tried to taper off her pain meds for her pain issues but she cannot tolerate daily activity without her pain meds. She is participating in pool therapy which allows her to move more fluidly and allows her tolerate cardio easier. On exam there is tenderness of the low back. Back extension triggered more pain than forward flexion. The gait is steady. She can tip toe and heel walk with mild pain. Lower extremity strength is 5+. Upper extremity strength is 5+. Per documentation at time of peer review on 9/17/14 the patient was authorized an additional 4 sessions of therapy for the cervical spine. The patient had received at this point 6 sessions of cervical spine therapy. The patient has been authorized for at least 24 visits of physical therapy for the lumbar spine since May of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice per week for six weeks for the cervical and lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Additional physical therapy twice per week for six weeks for the cervical and lumbar spine is not medically necessary. The documentation indicates that the patient has had an excess of the MTUS recommended 10 visit recommendation of therapy for the lumbar spine. She has also been authorized 10 visits for the cervical spine which is in accordance with the MTUS guideline recommendations. The documentation that were submitted does not indicate that she has completed the 10 visits for the cervical spine yet. The patient should be independent in a home exercise program for the lumbar spine. The documentation submitted does not indicate reasons why the patient requires up to 12 visits of cervical physical therapy which would be in excess of the 10 recommended by the MTUS. There are no extenuating factors indicating that the patient requires further supervised lumbar physical therapy. Therefore, the request for additional physical therapy twice per week for six weeks for the cervical and lumbar spine is not medically necessary.

Pool therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Pool therapy is not medically necessary per the MTUS Guidelines. The guidelines state that 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, for example extreme obesity. The number of supervised aquatic therapy sessions follow the physical medicine MTUS guidelines. The documentation indicates that the patient has had an excess of the MTUS recommended 10 visit recommendation of therapy for the lumbar spine. She has also been authorized 10 visits for the cervical spine which is in accordance with the MTUS guideline recommendations. The documentation that were submitted does not indicate that she has completed the 10 visits for the cervical spine yet. The patient should be independent in a home exercise program for the lumbar spine. The documentation submitted does not indicate reasons why the patient requires up to 12 visits of

cervical physical therapy which would be in excess of the 10 recommended by the MTUS. There are no extenuating factors indicating that the patient requires further supervised lumbar physical therapy. There is no evidence of intolerance to land based therapy. Therefore, the request for pool therapy is not medically necessary.