MAXIMUS Federal Services

Case Number:	CM14-0140237		
Date Assigned:	09/10/2014	Date of Injury:	09/01/2011
Decision Date:	02/23/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 44-year-old woman with a date of injury of September 1, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is low back pain. The only progress note in the medical record available for review is dated December 1, 2014. According to the documentation the IW is status post L5-S1 laminectomy and interbody fusion on January 14, 2014. She was recovering well at her 6 month post-op visit with resolution of her post-operative back pain. She was released back to work on light duty 2 months ago. She feels like she has worsened. Physical examination reveals motor strength is 5/5 in the bilateral lower extremities. Sensory exam is intact and symmetric to light touch. Posterior lumbar incision is well healed. There is tenderness to touch along the paraspinous muscles as well as over the SI joints. X-ray of the lumbar spine dated July 2014 reveals fusion hardware is intact. No loosening of screws was noted. No migration of graft was appreciated. The IW was prescribed Flexeril for muscles spasms. The treating physician is recommending physical therapy for extensor muscle training. She has been instructed to wear her LSO brace again if back pain is unbearable. According to the UR documentation and claim review, the IW had completed 24 sessions of post-op physical therapy visits to date. There were no physical therapy notes in the medical record for review. The current request is for physical therapy 3 times per week for 6 weeks, and pool therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is low back pain. Reportedly, the injured worker completed 24 sessions of post operative visit will serve the visits today. There were no physical therapy notes to review for objective functional improvement. The physician did not document objective functional improvement. The documentation did not contain compelling clinical evidence to warrant additional physical therapy exceeding that which the guidelines permit. Consequently, physical therapy three times a week for six weeks is not medically necessary.

POOL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times a week for six weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not acquired therapy. In this case, the injured worker's working diagnosis is low back pain. The IW had completed 24 sessions of post-op physical therapy visits to date. There were no physical therapy notes in the medical record for review. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. There is no simple rationale medical record indicating why aquatic therapy is recommended. There were no issues discussed regarding reduced weight-bearing in the medical record. Consequently, absent clinical documentation to support aquatic therapy in addition to evidence of objective functional improvement, aquatic therapy three times a week for six weeks is not medically necessary.