

Case Number:	CM14-0192031		
Date Assigned:	11/25/2014	Date of Injury:	07/23/2012
Decision Date:	02/06/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 64 year old female who was injured at work on 07/23/2012. She is reported to be complaining of 6/10 pain that occasionally goes into her leg. The pain is sharp, worse with standing; it is associated with pins and needles sensations. She had surgery in March 2014. The physical examination revealed limited range of motion of the lumbar spine; well healed incisional scar right ankle and foot, limited range of motion of the ankle. The worker has been diagnosed of status post lumbar decompression, spinal stenosis, and lumbar / lumbosacral disc degeneration; right ankle fracture 25 years ago, ORIF, now severe posttraumatic DJD. Treatments have included Percocet, therapy. At dispute is the request for continued pool therapy lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pool therapy lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 12-14, 25-26.

Decision rationale: The injured worker sustained a work related injury on 07/23/2012. The medical records provided indicate the diagnosis of status post lumbar decompression, spinal stenosis, and lumbar / lumbosacral disc degeneration; right ankle fracture 25 years ago, ORIF, now severe posttraumatic DJD. Treatments have included Percocet, therapy. The medical records provided for review do not indicate a medical necessity for continued pool therapy lumbar. The postsurgical physical medicine period for low back conditions range between 16 visits to 48 visits over about 8 to 18 weeks within 6 months Postsurgical physical medicine treatment period; while the postsurgical physical medicine treatment for ankle surgery range between 12 visits to 48 visits over 16 weeks to three months with a postsurgical physical medicine treatment period of 6 months. Nevertheless, the records did not provide information on the number of therapy visits the injured worker has had or the magnitude of benefits from the previous sessions. Also, the record indicates the injured worker is unable to keep up with appointments as a result of which an earlier prescription expired. Therefore, the requested treatment is not medically necessary and appropriate.