

Case Number:	CM14-0212094		
Date Assigned:	01/02/2015	Date of Injury:	05/08/2007
Decision Date:	02/20/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 82 years old male patient who sustained an injury on 5/8/2007. He sustained the injury when his foot got caught in roll racking. The current diagnoses include lumbar degenerative disc disease (DDD), herniated nucleus pulposus at L3-4 and left leg radicular pain. Per the doctor's note dated 11/19/2014, he had complaints of tingling sensation down the left lateral hip. The physical examination revealed lumbar spine- mild decreased lumbar lordosis, mild lumbar pain over the paraspinus muscles which extends into the gluteal areas, multiple trigger point, area of tenderness over lower lumbar spine, decreased lumbar spine range of motion, hips- decreased range of motion secondary to pain; genu varum deformity of bilateral knees, decreased sensation in left L5 nerve root distribution. The medications list was not specified in the records provided. He has had Depo Medrol injections to the greater trochanter and epidural steroid injections in 2012. He has had lumbar magnetic resonance imaging dated 7/3/14 which revealed multilevel degenerative disc disease and facet degenerative joint disease, mild spondylolisthesis of L3 on L4, severe L3-4 spinal stenosis with bilateral foraminal narrowing, mild-to-moderate L4-5 spinal stenosis with mild foraminal narrowing, and prominent bilateral L5-S1 foraminal narrowing unchanged. He has had 12 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic physical therapy visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Page(s): 22.

Decision rationale: Per MTUS guidelines, 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. The medical necessity of 12 aquatic physical therapy visits for the lumbar spine is not fully established for this patient.