

Case Number:	CM14-0216253		
Date Assigned:	01/06/2015	Date of Injury:	04/02/2010
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43-year-old claimant with reported industrial injury of April 2, 2010. Exam note October 27, 2014 demonstrates improvement with regards to back pain. Report states that the patient has fatigue in the back. No postoperative examination is provided. Request is for 12 additional sessions of physical therapy. Patient is status post on September 2, 2014 wide and radical discectomy L3-4 and L5-S1 with placement of artificial disc device L3-L4 and anterior and Schmidt fusion L5-S1. Physical therapy notes from October 6, 2014 demonstrates complaints of lumbar spine pain the pain is intermittent in nature examination discloses lumbar range of motion is decreased about 75% of normal. Motor strength the lumbar spine is graded as 3+ over 5. The patient is noted to walk with a slightly antalgic gait pattern with brace on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks for lumbar spine (Aquatic Therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back , Aquatic Therapy

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22: 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. In this case the exam notes from 10/27/14 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the determination is for non-certification.