

Case Number:	CM15-0011137		
Date Assigned:	01/29/2015	Date of Injury:	06/16/2011
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 06/16/2011. The mechanism of injury was not provided. His diagnosis was noted as arthrodesis. His past treatments were noted to include surgery, physical therapy, and medication. Diagnostic studies were noted to include an x-ray of the lumbar spine, performed on 11/13/2014, which was noted to reveal a single level of intraoperative fluoroscopic image of the lumbar spine in AP production demonstrating removal of the previously noted pedicle rod and screw fixation. During the assessment on 12/22/2014, the injured worker was seen for a routine followup following the removal of lumbar hardware 6 weeks prior. He indicated that he continued to have some aches and pains in his back but was happy with the outcome of the surgery. He also indicated that he had not started physical therapy. The physical examination revealed a completely healed incision. Motor strength was 5/5 throughout the bilateral lower extremities. His sensation was intact to light touch and all toes were warm and well perfused. His current medication list was not provided. The treatment plan was to start physical therapy, 3 weeks of pool therapy followed by 3 weeks of land therapy. The rationale for the request was not provided. The Request for Authorization form was dated 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post-op Physical Therapy sessions (aquatic and land): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for 18 postoperative physical therapy sessions (aquatic and land) is not medically necessary. The California MTUS Guidelines recommend 34 visits over 16 weeks for postsurgical treatment following fusion. The postsurgical guidelines are only indicated for land based therapy. The California MTUS Guidelines recommend aquatic therapy as an alternate form of exercise therapy, where available, as an alternative to land based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. The clinical documentation did not indicate that reduced weightbearing was intended for the injured worker's postoperative physical therapy. The 18 postoperative sessions for land based therapy are within guideline recommendations; however, the rationale for aquatic therapy was not provided. Given the above, the request is not medically necessary.