

Case Number:	CM15-0016664		
Date Assigned:	02/05/2015	Date of Injury:	11/05/2013
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 37 year old female sustained an industrial injury on 11/5/13. She subsequently reports chronic lower back pain. Diagnoses include lumbar facet arthropathy, lumbar disc herniation and annular tear. Prior treatments include steroid injections, acupuncture and physical therapy. The UR decision dated 12/30/14 non-certified PT 2X4 (To Include Aquatic Therapy) Lumbar Spine. The PT 2X4 (To Include Aquatic Therapy) Lumbar Spine was denied based on the lack of indications and CA MTUS /Aqua Therapy guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar (2x4) 8 sessions; (to include pool therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine & Aquatic therapy Page(s): 98-99 & 22.

Decision rationale: Physical therapy for the lumbar (2x4) 8 sessions; (to include pool therapy) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The

guidelines recommend up to 10 visits of PT for this condition and aquatic therapy as an alternative to land based therapy. The documentation indicates that the patient has had prior extensive therapy and that regular land therapy did not help her much. There are no extenuating circumstances that would require her to have 8 more supervised therapy sessions (to include pool therapy). The documentation does not indicate extreme obesity or other condition that would necessitate aquatic therapy over land based therapy. Furthermore, it is unclear how much prior aquatic therapy the patient has had. The documentation states that "the patient swims and it helps." The patient should be well versed in a home exercise program at this point. The request for physical therapy for the lumbar (2x4) 8 sessions; (to include pool therapy) is not medically necessary.