

Case Number:	CM15-0121089		
Date Assigned:	07/01/2015	Date of Injury:	05/07/2012
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: Illinois, California, Texas
 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:

This injured worker is a 40-year-old female who sustained an industrial injury on 5/7/12. Injury occurred when she slipped and fell in a walk-in freezer. Past medical history was positive for depression, hypertension, pancreatitis, pulmonary embolism, and morbid obesity (BMI 41.6). Past surgical history was positive for L4/5 laminectomy, partial medial facetectomy, and discectomy on 12/5/13, L4/5 extraforaminal decompression on 9/4/14, and L4/5 decompression and fusion on 4/16/15. The 5/27/15 treating physician report cited resolution of her left leg pain following recent L4/5 decompression and fusion. She continued to do well with some achiness in her low back. She had been able to reduce some of her medications. She reported that she was able to do things that she had not been able to do in three years. Physical exam documented she was able to sit comfortably, arise from the chair with minimal support from the arm rest, ambulate well in the room, and was able to do a partial deep knee bend. Her incision was healing well with no tenderness or swelling. X-rays showed the fixation in good position and alignment. The treatment plan recommended initiation of pool therapy to begin to progress her activity under supervision. The treatment plan recommended reduction of methadone with the goal of getting her off all of the medications. Authorization was requested for pool therapy for the lumbar spine, one time per week for 6 weeks. The 6/8/15 utilization review non-certified the request for pool therapy for the lumbar spine, one time per week for 6 weeks, with reference to the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pool therapy for the lumbar spine, 1 time a week for 6 weeks:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, 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. The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. Guideline criteria have not been met. This request for 6 initial post-operative physical therapy sessions utilizing aquatic therapy is consistent with MTUS guidelines based on the surgery performed and the comorbidity of extreme obesity. Therefore, this request is medically necessary.