

Case Number:	CM15-0127370		
Date Assigned:	07/14/2015	Date of Injury:	12/24/2013
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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 63 year-old male who sustained an industrial injury on 12/24/13. He reported low back pain. Current diagnoses include lumbar spinal stenosis/spondylolisthesis/radiculopathy/degenerative disk disease, and status post spinal fusion surgery. Diagnostic tests and treatments to date include radiographic imaging, MRI, pain medication management, lumbar laminectomy/fusion, and physical therapy. Currently, the injured worker complains of intermittent lumbar pain rated as a 5 out of a 10 on a visual analog scale; he reports improvement in pain with physical therapy. Per physical therapy report dated 05/27/15, the injured worker's pain and lower extremity weakness has slowly progressed and he tolerates treatment well. Long-term goals are to progress to no functional limitations in 6 weeks. Requested treatments include water therapy 2 times a week for 4 weeks. The injured worker is under temporary total disability. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The patient underwent a one-level lumbar laminectomy and fusion at L4-5 on 11/12/14 without postop complications. Postop PT was noted to provide good response with current exam findings limited to pain symptoms; otherwise is without defined neurological deficits or deterioration in function. Aquatic therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate further need with aquatic therapy when land PT provided benefit. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Water therapy 2 times a week for 4 weeks is not medically necessary and appropriate.