

Case Number:	CM14-0148965		
Date Assigned:	09/18/2014	Date of Injury:	02/06/2003
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported an injury on 02/06/2003. The mechanism of injury was not provided. Diagnoses include status post lumbar surgery. Past treatments included physical therapy. Pertinent diagnostic testing was not provided. The surgical history included posterior lumbar laminotomy, partial discectomy, and decompression at L3-4 on 06/19/2014. Current subjective complaints were not provided. The physical exam on 09/18/2014 indicated intact neurologic function. Current medications were not provided. The treatment plan included aquatic therapy 2 times a week for 6 weeks for the lumbar spine. The rationale for the request was to mitigate the forces that would exacerbate wear and tear of the lumbar spine. The Request for Authorization Form was completed on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for aquatic therapy, 2 times a week for 6 weeks for the lumbar spine, is not medically necessary. The California MTUS Guidelines indicate that post surgical therapy for a discectomy/laminotomy is recommended to include 16 visits over 8 weeks, with an initial course of therapy of 8 visits. Aquatic therapy is specifically recommended when reduced weightbearing is desirable. The injured worker is status post lumbar laminotomy, partial discectomy, and decompression at L3-4 on 06/19/2014. The physician noted that the injured worker had plateaued with land based physical therapy and requested aquatic therapy to mitigate the forces that would cause wear and tear on adjacent levels of the lumbar spine. There is a lack of documentation of the number of previous postoperative physical therapy sessions completed, including current range of motion and motor strength values, as well as functional deficits. Therefore, the request cannot be supported at this time. As such, the request for aquatic therapy, 2 times a week for 6 weeks for the lumbar spine, is not medically necessary.