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| Case Number: | CM13-0030301 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 01/23/2013 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 60 year old male who has developed chronic low back and right knee pain secondary to a contusion on 7/26/10. He has been treated with physical therapy, injections to the knee, arthroscopic surgery for the knee in November, 2010, 30 sessions of acupuncture and oral analgesics. The medications are Ultram 50mg. BID, Voltaren 100mg. BID and Protonix 20mg. BID. Diagnostic studies have shown a complex meniscal tear in the right knee associated with mild degenerative changes. A Lumbar MRI revealed widespread spondylosis with mild to moderate stenosis from L4-S1. Prior physical therapy is documented to be at least 9 sessions, but there is no documentation of benefits or follow through with a home exercise program. A subsequent spinal surgery consultation documented that prior therapy was of no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY L/S AND RIGHT KNEE 1 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy; Knee physical therapy.

Decision rationale: MTUS Guidelines support the use of aquatic therapy if there are problems with weight bearing, however Guidelines make clear that physical therapy is a time limited treatment with the goal of teaching self protective behaviors, improving function and having a patient follow through with home based physical activities. ACOEM Guidelines do not provide much detail regarding a reasonable number of sessions other than state a few sessions for the low back and limited amounts for the knee. ODG Guidelines suggest up to 9-10 sessions of therapy are reasonable for most low back conditions and knee strains. The patient has been provided adequate therapy per Guidelines and the treating physician fails to provide adequate documentation to justify additional therapy i.e. prior therapy results, why prior therapy was inadequate and the specific goals for additional therapy. The request for aquatic therapy 1Xs 4 weeks is not medically necessary.