

Case Number:	CM13-0034301		
Date Assigned:	12/06/2013	Date of Injury:	05/18/2011
Decision Date:	03/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York Pennsylvania and Washington. 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 physician 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 50-year-old woman who slipped and fell on a wet floor, injuring her hips and knees on May 18, 2011. She has been treated with various modalities including medications (currently gabapentin, floranex, sucralfate and lansoprazole), acupuncture and three (3) transforaminal lumbar epidural spinal injections. She has undergone an MRI of the spine in September 2012 as well as radiographs of the lumbar spine and left knee. The current review concerns the request for aquatherapy. She was evaluated by her provider on August 7, 2013 for complaints of low back pain 7-8/10 radiating down to her feet. She also complained of gastropathy, depression and anxiety. Her range of motion was normal at 60 degrees for flexion, reduced to 10-11 degrees for extension, and right and left lateral flexion. She had a negative straight leg raise test bilaterally. She could extend her knees normally to 0 degrees and had flexion to 89 degrees on the left and 111 degrees on the right. McMurray's test and abduction/adduction stress tests were negative bilaterally. She was diagnosed with lumbar disc disease, low back syndrome, left knee internal derangement and medical meniscus torn. She was prescribed tramadol and a request for aquatherapy for the lumbar spine and left knee was made for 2-4 times per week for four (4) weeks to improve strength, stability, range of motion and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

aquatic therapy, two (2) times per week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Knee

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

Decision rationale: According to the California MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, 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. In this case, the records do not justify why aquatherapy is indicated over a course of land-based therapy and the aquatherapy is therefore not medically indicated.