

Case Number:	CM13-0037685		
Date Assigned:	12/18/2013	Date of Injury:	09/22/2009
Decision Date:	04/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/01/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 49-year-old male who sustained an industrial injury on 09/22/2009 when the patient fell in a hole in the ground, landing on his knees and hands. His diagnoses include lumbar sprain, lumbosacral neuritis, bilateral knee internal derangement, malignant hypertension, uncontrolled diabetes, abnormal weight gain (the last two caused by his orthopedic condition) and limb pain. The subjective complaints are of knee and hip pain rated at 6/10. He is not considered a surgical candidate for total knee replacement due to his relatively young age of 49. Physical examination revealed paravertebral muscle tenderness to palpation and spasm in the lumbar spine with restricted range of motion and a positive straight leg raise test bilaterally. Bilateral knee examination revealed joint lines that were tender to palpation and there was a positive McMurray's test bilaterally. Treatment included a Transcutaneous Electric Nerve Stimulation (TENS) unit that had not given any relief. It is reported that he has had 14 physical therapy treatments previously. However, the dates and therapy notes were not available. A request for Aqua therapy three times a week for four weeks for the back and knees was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE BACK AND KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 299, 347, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee & Leg; Low Back, Aquatic Therapy.

Decision rationale: The MTUS guidelines indicate that low-stress aerobic exercise is recommended with low back pain as well as therapy for the knees. The MTUS and the Official Disability Guidelines (ODG) indicate that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits is determined by physical therapy guidelines. For lumbar disc disease, neuralgia, neuritis, and radiculitis include 8-10 visits over 4-8 weeks. For problems in the knee and other joints, 9 visits over 8 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home Physical Medicine. The record indicates that the employee has received 14 sessions of physical therapy. Twelve (12) visits of aquatic therapy are requested and would exceed the recommendation of a total of 9 visits as well as fading of therapy. Additionally, there is no documentation of self-directed home physical therapy. Therefore, there is no documented medical necessity for aquatic therapy.