

Case Number:	CM13-0038161		
Date Assigned:	12/18/2013	Date of Injury:	01/23/2013
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 Pulmonary Diseases 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 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 60 year old male who reported an injury on 06/26/2010 after hitting his knee on a bus fare box. The patient underwent an MRI of the right knee. The patient developed lumbar spine pain related to his injury. The patient also underwent MRI of the lumbar spine that revealed degenerative disc dehiscence at the L1-2 and L4-5 and L5-S1 levels. The patient was treated conservatively with physical therapy and medications. The patient's most recent physical exam findings included continued low back complaints and intermittent right knee pain rated at 7/10 to 8/10 without medications and 6/10 with medications. Objective findings included muscle guarding of the lumbar spine with tenderness to palpation over the paraspinal musculature and tenderness to palpation over the medial joint line of the right knee. The patient's diagnoses included lumbar spine herniated nucleus pulposus and right knee musculoligamentous injury status post surgery. The patient's treatment plan included continued medication usage and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy for lumbar and right knee 1 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Low Back Physical Therapy, Knee and Leg Physical. Decision based on Non-MTUS Citation Aquatic Therapy and Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The requested additional aquatic therapy for the lumbar and right knee 1 time a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient continues to have pain complaints related to a low back and right knee injury. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require reduced weight bearing. The clinical documentation submitted for review does not provide any evidence to support the patient cannot participate in land-based therapy and required reduced weight bearing. Additionally, the clinical documentation submitted for review does provide evidence that the patient has previously undergone physical therapy. The patient should be well versed in a home exercise program. The clinical documentation submitted for review does not provide any evidence that the patient has any barriers to preclude further progress while participating in a home exercise program. California Medical Treatment Utilization Schedule recommends up to 10 visits for radiculitis or myofascial pain. The clinical documentation submitted for review indicates the patient has previously participated in at least 9 sessions of physical therapy. The additional 4 sessions would exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested additional aquatic therapy for lumbar and right knee 1 time a week for 4 weeks is not medically necessary or appropriate.