

Case Number:	CM13-0041517		
Date Assigned:	12/20/2013	Date of Injury:	12/28/2011
Decision Date:	04/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The patient is an employee of [REDACTED], and has submitted a claim for lumbar spine strain with degenerative disc disease, and left knee strain associated with an industrial injury sustained on 12/28/11. Treatment to date has included chiropractic care, oral medications, and extracorporeal shockwave treatment. Medical records from 2012 to 2013 were reviewed. The most recent progress report available for review is dated 9/13/13, showing that the patient still complains of low back pain graded 7-8/10 radiating to the left lower extremity. Objective findings showed decreased reflexes at the left lower extremity with positive left straight-leg raising at 40 degrees. Sensation was diminished at the left L4-L5 dermatomes. X-rays of the left knee dated 5/20/10 and lumbosacral spine dated 1/9/12 showed normal results. The MRI of lumbosacral spine dated 10/16/12 showed loss of intervertebral disc height and disc dessication changes at the L4-L5 and, to a lesser degree, the L5-S1 levels with straightening of the normal lumbar spine lordosis. The L4-L5 level also had right greater than left annular concentric and broad-based 3.8mm disc protrusion that flattens and abuts the anterior right greater than left portion of the thecal sac with small right lateral annular tear. Electromyogram of the upper and lower extremities showed normal results dated 10/18/12. Nerve conduction studies revealed mild right ulnar motor neuropathy at the wrist, mild right median sensory neuropathy at the wrist, left upper and left lower extremity within normal limits. Current medications include Prilosec 20mg, Anaprox DS 550mg, Vicodin 5/500mg, and Robaxin 750mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LUMBAR SPINE AND L KNEE 6 VISITS (1XWK X 6 WKS): Upheld

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

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight-bearing is desirable, such as in the case of extreme obesity or fractures of the lower extremities. In this case, the records submitted for review did not indicate that the employee meets the criteria for aquatic therapy due to lack of data regarding her body mass index to determine if she is obese. There was no documented evidence of functional deficits warranting aquatic therapy. Furthermore, there was no indication why the employee could not participate in a land-based physical therapy program. Therefore, the request for aquatic therapy for the lumbar spine and left knee is not medically necessary and appropriate.