

Case Number:	CM13-0044123		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2008
Decision Date:	09/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 53-year-old with a work injury dated August 12, 2008. The diagnoses include sacroiliitis; left ankle sprain, degenerative disc disease L2-L3 and L3-L4; status post left knee arthroscopy January 6, 2005 and status post right knee arthroscopy 8/24/11; bilateral knee degenerative joint disease. Under consideration is a request for aquatic therapy 8 sessions. There is a primary treating physician report dated 10/2/13 that states that the patient complains of neck and bilateral upper extremity pain; low back pain; bilateral knee pain; left ankle pain. Pain Score: 7/10. Per documentation on the date of injury, she was on her way to a conference and fell. Thereafter, she began complaining of low back pain; bilateral knee pain, and left ankle pain. She is also complaining of pain in the neck that radiates down both upper extremities to her elbows. That injury does not appear to be industrially related. After the fall, she was seen had left knee surgery in December of 2008. She subsequently underwent Synvisc injections in the left knee. She was subsequently seen by an Agreed Medical Examiner (AME). After the surgery, she returned to work. She had a second knee surgery in August of 2011. Apparently, he recommended that she undergo a total knee arthroplasty. She was more recently seen by a different physician who stated that given her weight at the time of his examination, the knee surgery was not advisable. The patient has over 70 pounds worth of weight. Her pain is constant in duration. Her daily activities are limited secondary to pain. She has difficulty sleeping at night secondary to pain. Despite her pain she can perform all her job functions. Since the time of her last visit her pain level has been worse. She states that the Percocet is helping to control her pain at night and that Ultram is helping during the day. Per documentation the patient was told that she was told by the orthopedic surgeon that they would not consider a knee replacement unless she lost considerable weight. Since the patient is highly motivated and wants to get better, she

underwent an aggressive self-managed weight loss program where at date of documentation she has lost 80 lbs. On exam there is tenderness in the midline of the cervical spine and over the cervical facet joints in the upper portion of the cervical spine bilaterally. There is tenderness in the midline of the lower lumbar spine. There is tenderness over both sacroiliac joints. There is tenderness over the facet joints in the lower portion of the lumbar spine bilaterally. Range-of-motion of the cervical spine is markedly reduced with respect to flexion, extension and rotation. Range-of-motion of the lumbar spine is markedly reduced with respect to flexion, extension and lateral flexion. Motor and sensory functions in the upper extremities are within normal limits. There is a significant motor deficit in the right lower extremity. There is a modest motor deficit in the left lower extremity. There is a sensory deficit to light touch in the right leg. The straight leg-raising test is equivocal on the right and negative on the left. The FABER test is positive bilaterally. touch along the anterior right thigh and the lateral right leg. The straight leg is equivocal on the right and negative on the left. The Fabere sign is positive bilaterally. The treatment plan includes a lumbar epidural injection, medications, referral to an orthopedic doctor for a consultation for a bilateral total knee replacement, 8 sessions of aquatic physical therapy focusing on low back stretching and bilateral lower extremity strengthening exercises as well as core strengthening exercises, adaptive aid for the knees, and a TENS unit. Per prior utilization review dated October 16, 2013 the patient has had more than 110 total visits of physical therapy much of it was aquatic physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; physical medicine Page(s): 22; 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend up to ten sessions of physical therapy for the patient's current condition. Given that fact that the documentation revealed submitted that she has had more than 110 sessions of therapy in the past and continues to have pain and functional limitations further therapy is not indicated. The patient should be versed in a home exercise program. The request for eight sessions of aquatic therapy is not medically necessary or appropriate.