

Case Number:	CM13-0055349		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2009
Decision Date:	04/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management 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:

This is a female patient with a date of injury of January 6, 2009. A utilization review determination dated November 1, 2013 recommends non-certification of aquatic therapy for the lumbar spine and bilateral knees. Non-certification was recommended because the clinical information provided to the reviewer did not meet preliminary guidelines. A progress note dated October 22, 2013 includes subjective complaints of bilateral knee pain and low back pain. Physical examination identifies a right knee examination with flexion at 120° extension at 0° and right knee extension strength of 5/5, extensor hallucis longus strength of 5/5, and plantar flexion of 5/5. The neurological examination identified intact sensation of the right mid-- anterior thigh, mid - lateral calf, and lateral ankle. Diagnoses include lumbar disc bulge, right knee internal derangement, and status post left knee surgery. The treatment plan recommends right knee arthroscopy and aquatic therapy for the lumbar spine and bilateral knees for two times per week for six weeks. A prescription request dated October 22, 2013 requested aquatic therapy for the lumbar spine and bilateral knees for two times per week for four weeks. A progress note dated November 26, 2013 identifies subjective complaints of continued bilateral knee pain, low back pain, and bowel control issues. The physical exam identifies an intact sensory exam of the left lower leg. An MRI of the lumbar spine dated September 28, 2009 reports slight narrowing and mild defecation at L2 - 3 and mild narrowing and desiccation with a 2 mm central and right posterior lateral encroachment at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 340, 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy; Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy for the lumbar spine and bilateral knees, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone in the past, if any. The number of sessions requested was not clear within the documentation provided, there was documentation on the date of the request for aquatic therapy for 2 times per weeks for 6 weeks and another request for 2 times for 4 weeks. Finally, there is no statement of objective functional goals which are to be addressed with the currently request aquatic therapy. In the absence of clarity regarding those issues, the currently requested aquatic therapy for the lumbar spine and bilateral knees are not medically necessary or appropriate.