

Case Number:	CM13-0071115		
Date Assigned:	01/08/2014	Date of Injury:	07/22/1992
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 and Rehabilitation 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 injured worker is an 80 year old female who reported an injury on 07/23/1992. The mechanism of injury was not provided. Per the 10/23/2013 clinical note, the injured worker reported knee pain rated at 4/5 and postoperative hip pain. Physical exam findings included a healing incision on the right hip with no erythema or purulent discharge. Left knee range of motion was noted at 0 to 110 degrees with pain through arc of motion. Tenderness to palpation was noted over the medial and lateral joint lines. The injured worker was neurovascularly intact in the lower extremities. The injured worker's diagnoses included left knee osteoarthritis, status post right total hip arthroplasty performed on 10/09/2013, and status post L2-5 laminectomy and spinal fusion. Treatment to date included medications and physical therapy. Per the 11/14/2013 clinical note, the injured worker reported pain in her thoracic region and difficulty assuming an upright posture. Lumbar spine examination noted the patient stood flexed over her rolling walker in a forward flexed posture. Motor and sensory function of the upper and lower extremities was intact. The provider recommended the injured worker do thoracolumbar extension strengthening and stretching exercises in physical therapy. The request for authorization form for aquatic therapy for the lumbar spine was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO TIMES PER WEEK TIMES TWELVE WEEKS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The request for aquatic therapy 2 times per week times 12 weeks for lumbar spine is non-certified. The Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In regards to physical medicine, the guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis with the fading of treatment frequency. The medical records provided indicate the injured worker was status post right total hip arthroplasty and L2-5 laminectomy and spinal fusion. The injured worker reported not being able to assume an upright posture. In the 10/23/2013 plan of treatment, the provider noted the injured worker had no precautions for her hip and was weightbearing as tolerated to continue physical therapy. The number of visits completed and efficacy of the physical therapy is unclear. There is a lack of evidence indicating the injured worker would require reduced weight bearing exercises. The request for 24 visits of aquatic therapy exceeds the guideline recommendations. As such, the request is not medically necessary.