

Case Number:	CM14-0001813		
Date Assigned:	01/22/2014	Date of Injury:	02/04/2009
Decision Date:	03/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Physical 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 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 injured worker had an original date of injury of February 4, 2009. The diagnosis of the injured worker includes low back pain, lumbar radiculopathy, and knee pain. The patient has completed 18 sessions of physical therapy to date. The disputed requests are a request for acupuncture for the right knee as well as aquatic therapy. There is documentation that this patient is morbidly obese. In a progress note on date of service April 10, 2013, there is a statement that the patient's weight is 209 pounds. Her weight prior to her meniscal surgery was 180 pounds. There was a recommendation for a weight loss program in the note on April 10, 2013. A utilization review determination on December 12, 2013 had denied these requests. The stated rationale for the denial of acupuncture was that the claimant is not "actively seeking physical rehabilitation or surgical intervention for the alleged injuries" and that acupuncture is used only as an adjunct to physical rehabilitation or surgical intervention to hasten recovery. The aquatic therapy was not felt to be medically necessary as there was "no documentation this claimant was unable to tolerate land-based therapy or land-based home exercise program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right knee times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this injured worker, there is documentation that the employee has had previous right knee surgery involving a meniscectomy. The employee has tried conservative management with physical therapy and home exercises. However the MTUS Guidelines require a trial of six visits of acupuncture with demonstration of functional benefit prior to requesting additional sessions. Therefore the current request for 12 sessions of acupuncture is outside of guidelines and is recommended for noncertification

Aqua Therapy for the lumbar spine and right knee times 12: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines indicate the following regarding aquatic therapy on page 22: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." There is documentation that this employee is morbidly obese. In a progress note on date of service April 10, 2013, there is a statement that the employee's weight is 209 pounds. Her weight prior to her meniscal surgery was 180 pounds. There is a later note in June 2013 which calculated her BMI at 38.2. Given this documentation of obesity, the employee appears to be a suitable candidate for aquatic therapy as described in guidelines. The request for aquatic therapy for the knee and lumbar spine is recommended for certification