

Case Number:	CM14-0008123		
Date Assigned:	02/12/2014	Date of Injury:	05/18/2011
Decision Date:	07/18/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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 & 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:

Patient is a 59-year-old male who has submitted a claim for a right knee meniscus tear, and right L4 foramina stenosis with radiculopathy associated with an industrial injury date of May 18, 2011. Medical records from 2013 were reviewed. Patient complained of instability of the right knee aggravated by prolonged sitting and standing. Patient likewise complained of low back pain radiating to right lower extremity associated with numbness. Physical examination revealed tenderness, and minimal effusion at the right knee. Physical examination of the lumbar spine revealed restricted range of motion and tenderness. Progress report from 8/27/13 showed that patient's height is 5'11", weight of 200 pounds, with a derived body mass index of 27.9 kg/m². Treatment to date has included home exercise program, physical therapy, right L4 lateral foraminotomy on October 17, 2013; epidural steroid injection, right knee surgery on 8/25/11, and medications. Utilization review from December 19, 2013 denied the request for pool therapy 1 x 6 right L4 because there was no evidence that the patient has a condition for which reduced weight-bearing is desirable.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 1X6 RIGHT L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, AQUATIC THERAPY Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of 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 extreme obesity or fractures of the lower extremity. In this case, patient is status post right knee surgery for meniscal tear in 2011, and right L4 lateral foraminotomy on October 17, 2013. Body mass index is 27.9 kg/m². However, there was no indication why the patient should participate in a water-based physical therapy. Medical records showed that patient could tolerate his home exercise program. Patient is not extremely obese and there are no lower extremity fractures. Guideline criteria were not met. Therefore, the request for pool therapy 1x 6 right L4 is not medically necessary.