

Case Number:	CM14-0008306		
Date Assigned:	08/08/2014	Date of Injury:	06/01/2011
Decision Date:	09/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on June 1, 2011. The mechanism of injury was not listed in these records reviewed. The most recent physician progress note was from March 2014 with complaints of ongoing knee and low back pain. The physical examination indicated that the claimant was tender in the left lumbar region extending to the left sciatic notch. Voluntary range of motion of the thoracolumbar spine was limited. Straight leg raising was slightly positive on the left and negative on the right. Upon range of motion testing of the bilateral knees crepitus was noted. Pain was also present at the extreme flexion. McMurray's and Apley's tests were felt to be equivocal. MRIs were previously obtained of the bilateral knees, and the medical records indicated that the claimant was status post right and left arthroscopic intervention. The treatment plan included a recommendation for a course of physical therapy 2 times a week for 4 weeks. This is an agreement with a recommendation made on an AME. Subsequent physical therapy progress notes were provided indicating that therapy was underway with improvement noted. Review of the medical records provided documentation on several progress notes that physical therapy was underway with improvement. Only one progress note referenced aquatic therapy (from December 2013) and the reference in this note was under the subjective documentation, indicating that the claimant was still awaiting authorization of the aquatic therapy. There was no documentation in the records reviewed of the reason that aquatic therapy has been requested over land-based therapy. There is documentation of provisions for land-based therapy, to which the claimant was noting slow but progressive improvement. A request had been made for 12 sessions of aquatic therapy for the low back and left knee pains and was not certified in the pre-authorization process on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY X 12 VISITS LOW BACK, LEFT KNEE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: The MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review, of the available medical records, fails to document why the land-based therapy is insufficient and why the aquatic therapy is medically necessary. In the absence of this documentation, this request is not considered medically necessary.