

Case Number:	CM14-0012904		
Date Assigned:	05/14/2014	Date of Injury:	04/17/2013
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 41-year-old female with a 4/17/13 date of injury. There is documentation of subjective findings of low back pain radiating to the left lower extremity and bilateral knee pain. Objective findings include tenderness over the paraspinal musculature, left greater than right, with associated muscle guarding, decreased range of motion of the lumbar spine, tenderness over the peripatellar regions, patellofemoral crepitus is present upon passive ranging. Current diagnoses are lumbar musculoligamentous sprain/strain with left lower extremity radiculitis. Treatment to date includes trigger point injections and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWICE A WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), PAIN, SUFFERING, AND THE RESTORATION OF THE FUNCTION CHAPTER, PAGE 114.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that is recommended where reduced weight bearing is desirable, such as; extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). The Official Disability Guidelines (ODG) state that visits for up to 10 visits over 8 weeks in the management of lumbar spine sprain/strain. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous sprain/strain with left lower extremity radiculitis. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for aquatic twice a week for four weeks to the lumbar spine and bilateral knees is not medically necessary and appropriate.