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| Case Number: | CM14-0013882 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 04/26/1999 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Texas. 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 a 43 year old female whose date of injury is 04/26/1999. Note dated 01/14/13 indicates that the injured worker is status post right shoulder surgery and injection to the right knee. The injured worker underwent left knee injection on 02/11/13. Note dated 03/13/13 indicates that the injured worker is status post lumbar laminectomy, discectomy and microforaminotomy at L5-S1, as well as right knee partial lateral meniscectomy and left knee arthroscopy with partial meniscectomy. Lumbar MRI dated 05/20/13 revealed status post laminectomy of L5, L3-4 ligamentum flavum hypertrophy, marked degree of central stenosis at L4-5, and a 2 mm broad based posterior disc/endplate osteophyte complex at L5-S1. Note dated 08/26/13 indicates that the injured worker presents for her third Synvisc injection. Note dated 10/07/13 indicates that primary complaint is bilateral knee pain. She reports little benefit with Synvisc injections. Diagnoses are calcifying tendonitis of the shoulder, current tear of cartilage or meniscus of knee, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. Electrodiagnostic report dated 10/16/13 revealed no evidence of entrapment neuropathy in the lower extremities or acute lumbar radiculopathy. Follow up report dated 12/02/13 indicates that she may be a candidate for further surgery. She is performing her usual and customary work duties. The injured worker was recommended for 12 additional aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS TO THE LUMBAR SPINE AND BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

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

Decision rationale: Based on the clinical information provided, the request for aqua therapy three times per week for four weeks to the lumbar spine and bilateral knees is not recommended as medically necessary. The injured worker has completed prior aquatic therapy; however, the injured worker's objective, functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. CA MTUS guidelines support aquatic therapy when reduced weightbearing is desirable. There is no clear rationale provided as to why reduced weightbearing is desirable or why the injured worker is unable to perform land-based therapy. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.