

Case Number:	CM14-0135409		
Date Assigned:	08/29/2014	Date of Injury:	09/20/2013
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 62 years old male with an injury date on 09/20/2013. Based on the 07/31/2014 progress report provided by [REDACTED], the diagnoses are: 1. Vertical tear posterior horn medial meniscus left knee 2. Status post ORIF sub trochanteric fracture left hip with early moderate healing 3. Status post ORIF sub trochanteric fracture right hip with minimal healing 4. Chronic lower back pain secondary to minor L3 L4 disc space narrowing. According to this report, the patient complains of intermittent slight pain in the lower back without radiation and bilateral thigh pain. The back pain is made worse by activities including bending, lifting, stooping, prolonged sitting, and twisting. The patient also complains of constant slight left knee pain. Kneeling, squatting, or twisting, and prolonged sitting would aggravate the knee pain. Physical exam reveals decreased lumbar and left knee range of motion. Mc Murray's test is slight positive. Swelling is noted at bilateral anterior thigh musculature. The patient is ambulatory using crutches with an antalgic gait on the right side partial weight bearing. There were no other significant findings noted on this report. The utilization review denied the request on 08/12/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 x week x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg :Aqua Therapy (update 6/5/14) and Low Back; Physical Therapy (updated 7/3/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98, 99.

Decision rationale: According to the 07/31/2014 report by [REDACTED] this patient presents with intermittent slight pain in the lower back, bilateral thigh pain, and constant slight left knee pain. The treater is requesting 9 sessions of aqua therapy. The utilization review denial letter states "Documentation shows prior physical and aquatic therapy but does not include date of visits and any objective functional benefits." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the report shows no therapy reports and no discussion regarding the patient's progress. In this case, given no recent therapy history, a short course of therapy may be reasonable to address flare-up's or change in clinical presentation. However, the treater does not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Furthermore, UR alludes that the patient has had "prior physical and aquatic therapy." The time-frame and number of sessions completed are unknown. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, this request is not medically necessary.