

Case Number:	CM14-0156681		
Date Assigned:	09/26/2014	Date of Injury:	06/02/2009
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Pain Management 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:

This is a patient with a date of injury of June 2, 2009. A utilization review determination dated August 27, 2014 recommends noncertification for aquatic therapy. A letter dated July 23, 2014 states that the patient has continued significant pain in the low back radiating into the left lower extremity with continued bilateral knee pain with locking, popping, and instability. Physical examination identifies tenderness and guarding over the paravertebral musculature in the lumbar and cervical spine with decreased range of motion. There is tenderness to palpation over the medial and lateral joint line and patellar crepitus with knee examination. A positive McMurray's sign is also noted. The patient is scheduled for a functional capacity evaluation and may be permanent and stationary. Therefore, a request is made for 12 sessions of aquatic therapy for the lumbar spine and bilateral knees to address the exacerbation of pain. The note states that the patient does not tolerate land therapy well and that aquatic therapy will allow her to reduce her pain and increase range of motion and function without putting additional stress on her lower back and knee. A progress note dated January 22, 2014 indicates that the patient has been successful with aquatic therapy in the past "reducing the pain and improving her functional status."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF AQUATIC THERAPY FOR LUMBAR SPINE AND BILATERAL KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.