

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0163193 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 10/29/2013 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 of the date of injury October 29, 2013. A utilization review determination dated September 8, 2014 recommends non-certification of aqua therapy for the lumbar spine alternate with land-based therapy. A progress report dated August 26, 2014 identifies subjective complaints of no significant improvement with continued low back pain and headache. Physical examination findings revealed tenderness to palpation around the paravertebral muscles in the cervical spine and lumbar spine. There is also tenderness to palpation in the knees with positive McMurray's test on the right and left. Diagnoses include internal derangement of the knee, lumbar sprain/strain, shoulder impingement, cervical sprain, sacroilitis, and bursitis. The treatment plan recommends aqua therapy 3 times a week for 4 weeks for the low back alternate with land therapy. An orthopedic consultation is requested as well as medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy Alternate with Land Therapy 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298, 340, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, 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. ODG recommends 10 therapy visits for the treatment of lumbar sprain/strain and 12 visits for internal derangement of the knee. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication 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, if any have been previously utilized. Additionally, if the patient has not undergone therapy previously, than the current number of sessions requested exceeds what would be recommended as a trial for this patient's diagnoses. Finally, it appears an orthopedic consultation is currently being requested. It is unclear why this consultation is being sought, but the patient has a positive McMurray's test, which may indicate a meniscus issue. It seems reasonable to await the outcome of the consultation prior to embarking upon physical therapy to avoid worsening the patient's current condition. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.