

Case Number:	CM14-0169648		
Date Assigned:	10/17/2014	Date of Injury:	06/10/2011
Decision Date:	11/20/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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 47 years old male patient who sustained an injury on 6/10/2011. He sustained the injury due to slip and fall incident. The current diagnoses included lumbar radiculopathy, ankle pain, knee pain and popliteal synovial cyst. Per the doctor's note dated 09/02/2014, he had complaints of low back pain and right knee pain with numbness and tingling in the left lower extremity. Physical examination revealed a global antalgic, slow, cane-assisted gait; weight of 220lbs, height at 5'10" and BMI of 31.56. The medications list includes tramadol-acetaminophen. He has had left knee X-rays dated 6/12/11 with normal findings; a left knee MRI dated 8/ 12/11 which revealed a small full-thickness lateral patellar hyaline cartilage laceration with subchondral bony changes that were likely posttraumatic. A medial femoral condylar posterior weight bearing 4mm area of chondromalacia grade 2 was seen, a medial meniscus posterior horn grade 2 signal with a small area of extension to the peripheral margin, no articular surface tear or parameniscal cyst, distal quadriceps localized tendinopathy that involved the vastus lateralis component and small joint effusion; an electrodiagnostic study of the left lower extremity dated 9/13/11 with normal findings; a left ankle MRI dated 11/23/11 showed bilateral subcutaneous edema of the ankle laterally greater than medially, mild posterior tibial tendinosis with mild tenosynovitis but no discrete tear, prominent adjacent subcutaneous edema, a marked thin appearance of the anterior talofibularligament compatible with a moderate grade sprain/partial tearing injury with surrounding fluid and subcutaneous edema as well as a minor sprain injury of the deltoid ligament with mild adjacent subcutaneous edema; a lumbar spine MRI dated 2/16/12 which revealed L5 through S1 broad central to moderate disc protrusion without stenosis, at L4-5 left paracentral/posterolateral 1-2 mm disc protrusion and fissured annulus caused mild narrowing of the left lateral recess; lumbar MRI dated 6/26/12 with no acute abnormalities; an electrodiagnostic studies of the lower extremities dated 5/8/13 with normal findings. He has

undergone a left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the medial femoral condyle, a left ankle arthroscopy with debridement of a clinical lesion of the tibial plafond and left ankle synovectomy on 4/17/2012; two hernia repairs, three right wrist surgeries, and one left wrist surgery. He has had a functional restoration program, physical therapy and aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ODG Physical therapy guidelines

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

Decision rationale: Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Patient has already had extensive physical therapy and aquatic therapy visits for this injury. There is no evidence of significant ongoing progressive objective functional improvement from the previous aquatic therapy visits that is documented in the records provided. The medical necessity for the Twelve (12) Aquatic therapy sessions is not fully established for this patient. Therefore, the request is not medically necessary.