

Case Number:	CM14-0041415		
Date Assigned:	06/13/2014	Date of Injury:	09/26/1997
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 9/26/97. A utilization review determination dated 3/5/14 recommends modification of aqua therapy from 2 times a week for 5 weeks to 1 time a week for 2 weeks. 2/24/14 medical report identifies that the patient presented for an emergency visit with severe pain in the right knee that started 1 week after the Synvisc One injection provided 1 month prior, with worsening over the last week. The patient has difficulty walking. There is also pain in the head, neck, right shoulder, and right wrist with radiation to the arm. There is pain in the low back, both knees, and right ankle with radiation to the right leg. There is numbness in the right hand and weakness in the right leg. Pain is 7/10 at best and 10/10 at worst. Treatment to date has included PT, exercises, TENS, psychotherapy, acupuncture, and chiropractic. On exam, there is limited lumbar ROM and paraspinal tenderness, positive lumbar facet loading maneuver bilaterally, positive Patrick's test and Gaenslen's maneuver, 4+/5 strength on right shoulder flexion and abduction and right grip strength. There is a diminished sensation right L5 and S1 dermatomes. Right knee MRI and orthopedic consult were requested to evaluate for surgical options and aqua therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY, 2 TIMES A WEEK FOR 5 WEEKS FOR THE KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 22 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 22, 98-99.

Decision rationale: Regarding the request for Aqua Therapy, 2 times a week for 5 weeks for the knees, 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. Within the documentation available for review, it is noted that the patient had a sudden worsening of right knee pain, with severe pain developing 1 week after a Synvisc One injection. The provider recommended an MRI and orthopedic consultation to assess for surgical pathology. There is no rationale presented for the use of therapy for a patient with a sudden severe exacerbation and suspected surgical pathology prior to completion of surgical evaluation. Additionally, there is no rationale presented identifying the medical necessity of aquatic therapy in a patient who has apparently utilized land-based PT and home exercise effectively in the past. In the absence of clarity regarding those issues, the currently requested Aqua Therapy, 2 times a week for 5 weeks for the knees are not medically necessary.