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| Case Number: | CM14-0047883 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/13/2007 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 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 57 year-old patient sustained an injury while employed by [REDACTED] on 3/13/07 from falling off a truck when he lost his grip. The request under consideration is 12 sessions of aquatic therapy for the right knee and low back. The diagnoses include lower leg joint pain and lumbar disc displacement without myelopathy. The patient is status post Left TKA on 9/18/07; right knee arthroscopy and debridement on 5/29/08; Right knee arthrotomy, debridement on 7/15/09; and left humerus ORIF. Conservative care has included physical therapy, medications, injections, and modified activities/rest. The report dated 2/6/14 from the provider noted the patient with ongoing low back pain. Exam showed left lower extremity brace to help with foot drop caused by the 1994 stroke; tenderness over L2 on palpation; spasm and guarding. The report dated 3/6/14 from the provider noted the patient with right knee and low back pain. There is history the patient sustained a stroke in 1994 with residual left-sided weakness; his right knee continues to be sore with intermittent locking. The patient recalled aquatic therapy years past with benefit and request for treatment. Exam showed diffuse tenderness to palpation of joint line on right knee; crepitus on extension; uses cane and walks with antalgic gait. The request for 12 sessions of aquatic therapy for the right knee and low back was non-certified on 3/14/14 citing guidelines criteria and lack of medical necessity.

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 the Right Knee and Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery (last in 2009) nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. Therefore, this request for aquatic therapy is not medically necessary.