

Case Number:	CM14-0047927		
Date Assigned:	07/02/2014	Date of Injury:	03/24/2011
Decision Date:	08/28/2014	UR Denial Date:	03/17/2014
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:

The injured worker is a 66-year-old female who reported an injury on 03/24/2011. The mechanism of injury was a fall. The diagnoses included forearm pain in the joint, lumbar sprain/strain, lumbar muscle spasm, and lumbar radiculopathy, left knee internal derangement, left knee meniscal tear, right knee internal derangement, right knee meniscal tear, anxiety, and depression. Previous treatments included medication, acupuncture, and aquatic therapy. Within the clinical note dated 05/01/2014 it was reported the injured worker complained of moderate dull low back pain, stiffness, numbness and tingling in the lower legs. The injured worker rated her pain 5/10 in severity. She complained of constant, severe, sharp, stabbing right knee pain, tingling and weakness, aggravated by cold water and repetitive looking down and repetitive sitting. She rated her knee pain 8/10 in severity. She complained of pain in her bilateral knees which was constant, severe and sharp, burning sensation. Upon the physical examination the provider noted the injured worker had decreased sensation on the left lower leg. The provider indicated the injured worker had tenderness to palpation at L3-5 spinous processes and lumbar paravertebral muscles. The injured worker had muscle spasms of the lumbar paravertebral muscles. The provider indicated the injured worker had tenderness to palpation of the anterior knee, lateral knee, and medial knee. The injured worker had a positive McMurray's test. The request submitted is for 12 sessions of aquatic therapy. The provider's rationale was provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6: Upheld

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

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

Decision rationale: The request for aquatic therapy 12 sessions is non-certified. The injured worker complained of moderate dull low back pain, stiffness, numbness and tingling in the lower legs. The injured worker rated her pain 5/10 in severity. She complained of constant, severe, sharp, stabbing right knee pain, tingling and weakness, aggravated by cold water and repetitive looking down and repetitive sitting. She rated her knee pain 8/10 in severity. She complained of pain in her bilateral knees which was constant, severe and sharp, burning sensation. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternate to land based therapy in those individuals in who reduced weight bearing is desirable, as in obesity. There is a lack of documentation indicating the injured worker had a condition for which reduced weight bearing is desirable. There is a lack of documentation of motor deficits of the lower extremities. The guidelines recommend for neuralgia or myalgia 8 to 10 visits of aquatic therapy are recommended. There is a lack of documentation indicating the injured worker's previous course of aquatic therapy, as well as the efficacy of the therapy. The request submitted exceeds the guidelines' recommendations of 8 to 10 visits. Therefore, Aquatic Therapy 2 x 6 is not medically necessary.