MAXIMUS Federal Services

Case Number:	CM14-0058249		
Date Assigned:	07/09/2014	Date of Injury:	08/01/1995
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 50 year old patient who reported an industrial injury on 8/1/1995, over nine (9) years ago, to the back and right knee attributed to the performance of customary job tasks. The patient subsequently underwent surgical intervention to the lumbar spine with L4 to S1 arthrodesis with retained hardware and received post operative rehabililtation PT. The patient is also s/p right knee Arthroscopy with right knee DJD. The patient complains of lower back pain with radiculitis radiating to the RLE. The patient was reported to have a right foot drop. The objective findings on examination included TTP over the lumbar area; dysesthesia at the L5-S1 dermatome; weakness to the ankles and toes; right knee with well healed portals; TTP at the knee joint line; pain with flexion and crepitus; positive patellar compression test; seated nerve root test positive. The treatment plan included MRI of the lumbar spine; MRI of the bilateral knees; EMG/NCV of the BLEs; and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, TWC Knee and Leg Procedure Summary: Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-04,299-300,Chronic Pain Treatment Guidelines Physical Medicine,Aquatic Therapy Page(s): 98-99,22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114Official Disability Guidelines (ODG) lower back section--PT; knee section--PT;.

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care 9 years after the DOI.The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self directed home exercise program as recommended without the necessity of additional PT or professional supervision.The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. The CA MTUS recommend a total of 12 sessions over 12 weeks for the rehabilitation of the knee s/p Arthroscopy with integration into a self-directed home exercise program. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM, but has normal strength and neurological findings.There is no provided objective evidence that the patient is unable to participate in a self directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of lower back pain or for knee pain s/p Arthroscopy. There is no provided objective evidence that the patient is precluded from performing a self directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury.There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self directed home exercise program is inconsistent with evidence based guidelines.