

Case Number:	CM14-0058555		
Date Assigned:	07/09/2014	Date of Injury:	02/11/2008
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Interventional Spine 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 patient is a 53-year-old female with date of injury 02/11/2008. Per treating physician's report 04/28/2014, listed diagnoses are: 1. Lumbar disk with radiculitis; 2. Knee pain; 3. Reflex sympathetic dystrophy of the lower limb. This report also references MRI, which was taken on 07/22/2013 showing mild DDD at L4-L5, L5-S1, grade 1 anterolisthesis of L4 on L5, small right paracentral disk protrusion at L4-L5, bilateral facet diseases at L4-L5 and L5-S1, intraosseous hemangioma involving L1 vertebral body. Under treatment discussion, it states that the patient is attending outpatient post-surgical physical for the knee surgery, which appears to be going well. Patient is also utilizing the pool and being taught aquatic therapy and patient has been recommended for physical therapy for strengthening, stabilization, stretching of the lumbar spine. Under present illness, patient is status post lumbar epidural steroid injections from 05/23/2012 and 09/25/2013 with 50% greater pain relief. Patient has low back pain with radiation to bilateral lower extremities with numbness and weakness in the lower legs. Under surgical history, it states right TKR but no date is provided, left TKR 2008, bilateral foot surgery 2009, partial right knee replacement April 2013. The 03/27/2014 report by [REDACTED] is reviewed and under authorization request, it states "aquatic therapy 2 times a week for 6 weeks." Also request is lumbar epidural steroid injection and medications. Under physical rehabilitation instruction, this recommendation is identical to the previous report and states that the patient is "attending outpatient post-surgical physical for the knee surgery and that appears to be going well. She is utilizing the pool and being taught aquatic therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, twice (2) weekly for 6weeks, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic and Physical Medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with chronic low back and knee pain. Patient is status post knee replacement from April of 2013 apparently. The request is for aquatic therapy 12 sessions. MTUS Guidelines allow aquatic therapy when there is a need for weight-reduced exercises, such as extreme obesity. For number of therapy treatments during non-operative time period, MTUS Guidelines support 9 to 10 sessions for myalgia and myositis type of condition. This patient is status post knee replacement from April 2013 and postoperative therapy guidelines do not apply. Furthermore, there is no documentation of extreme obesity or a need for reduced weight bearing exercises. Recommendation is for denial. Given that the current request for 12 sessions which exceeds the number allowed by MTUS Guidelines, the request cannot be recommended as medically necessary.