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| <b>Case Number:</b>   | CM14-0061360 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 11/26/2012 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 04/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 & 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:

According to the records made available for review, this is a 58-year-old male with a 11/26/12 date of injury, and status post right knee arthroscopy. At the time (4/1/14) of the decision for aquatic therapy 2 times a week for 6 weeks for the lumbar spine, and for Weight Loss Program such as [REDACTED] for 10 weeks for the lumbar spine, there is documentation of subjective (neck, low back, and bilateral knee pain) and objective (tenderness to palpation over the paracervical spine, positive straight leg raise at 70 degrees on the right and 80 degrees on the left, positive McMurray and Appley's, and decreased sensation in L5 distribution) findings, current diagnoses (cervical spine sprain/strain, status post bilateral carpal tunnel surgery with persistent carpal tunnel syndrome, status post right knee arthroscopy with severe degenerative joint disease, right and left knee internal derangement, lumbar spine discopathy and lower extremity radiculitis), and treatment to date (activity modification and medications). Regarding the requested aquatic therapy 2 times a week for 6 weeks for the lumbar spine, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding the requested Weight Loss Program such as [REDACTED] for 10 weeks for the lumbar spine, there is no documentation of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg or a BMI greater than or equal to 27 and less than 30 kg and one or more of the following comorbid conditions: Coronary Artery Disease, Diabetes Mellitus type 2, Hypertension (systolic blood pressure greater than or equal to 140 mm Hg or Diastolic Blood Pressure greater than or equal to 90 mm Hg on more than one occasion), Obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL;

or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic Therapy 2 times a week for 6 weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Aquatic Therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of Intervertebral disc disorders without myelopathy. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, status post bilateral carpal tunnel surgery with persistent carpal tunnel syndrome, status post right knee arthroscopy with severe degenerative joint disease, right and left knee internal derangement, lumbar spine discopathy and lower extremity radiculitis. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, given that the request is for aquatic therapy 2 times a week for 6 weeks, the proposed number of visits exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary.

**Weight Loss Program such as [REDACTED] for 10 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.aetna.com](http://www.aetna.com).

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guidelines identifies documentation of a documented history of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg or a BMI greater than or equal to 27 and less than 30 kg and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL, as criteria to support the medical necessity of a weight reduction program. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, status post bilateral carpal tunnel surgery with persistent carpal tunnel syndrome, status post right knee arthroscopy with severe degenerative joint disease, right and left knee internal derangement, lumbar spine discopathy and lower extremity radiculitis. However, there is no documentation of failure to maintain weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg or a BMI greater than or equal to 27 and less than 30 kg and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. Therefore, based on guidelines and a review of the evidence, the request for Weight Loss Program such as [REDACTED] for 10 weeks for the lumbar spine is not medically necessary.