

Case Number:	CM14-0074414		
Date Assigned:	07/16/2014	Date of Injury:	12/02/2012
Decision Date:	10/06/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/22/2014

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 Pain Management 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 patient with a date of injury of December 2, 2012. A utilization review determination dated April 2, 2014 recommends non-certification of aquatic therapy X9 transitioning to land therapy X9 for the lumbar spine. Non-certification was recommended due to lack of evidence indicating that land-based therapy would not be suitable for the patient. A progress report dated January 29, 2014 identifies subjective complaints of right knee pain status post repair of right patellar tendon on January 8, 2013. The patient returned to work on July 1, 2013 without restrictions. The patient underwent postoperative physical therapy for his right knee which helped immensely. Currently, he has not had any formal physical therapy to his low back since the injury. The patient indicates that his back and coccyx pain have progressed since his initial injury. Physical examination revealed decreased strength in the right lower extremity with mild tenderness in the low back which increases with extension. Diagnoses include lumbar spondylosis and right knee arthropathy with repair of right patellar tendon. The treatment plan states that the patient has not had much in regards to conservative treatment to his low back. Therefore, 9 aquatic therapy sessions transitioning to 9 land-based therapy sessions will be requested for the lumbar spine. A request will also be made for an MRI of the lumbar spine. A progress report dated March 12, 2014 includes a review of an MRI performed on March 7, 2014 which demonstrates mild to moderate disk degenerative change at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 9 transitioning to land therapy x 9 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for Aquatic therapy x 9 transitioning to land therapy x 9 lumbar, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 10 physical therapy visits over 8 weeks for the treatment of inter vertebral disc disorders. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no documentation indicating what objective treatment goals are to be addressed with the currently requested therapy. Additionally, the currently requested 18 visits exceeds the maximum number recommended by guidelines for this patient's diagnosis. As such, the currently requested aquatic therapy x 9 transitioning to land therapy x 9 is not medically necessary.