

Case Number:	CM14-0082409		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2009
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 55-year-old with an 8/14/09 date of injury. The mechanism of injury was being "knocked into the steering wheel" while driving his trailer tractor truck. Shortly after, he developed lower back pain. A recent progress note dated 4/24/14 as per the treating chiropractor reported multiple complaints: lumbar spine- constant low back pain, severity 7/10 aggravated by lifting > than 10 lbs., standing walking, climbing stairs, bending, and kneeling; right knee- moderate pain, stiffness/weakness with walking, bending, kneeling, and squatting; left knee- moderate pain with lifting >10 lbs., bending, kneeling and squatting. Objective findings: lumbar spine- ROM decreased to flexion 25/60, extension 10/25, left lateral bending 20/25, right lateral bending 20/25. There was tenderness to palpation paravertebral muscles, muscle spasm, Kemp's caused pain bilaterally, sitting straight leg raise was positive bilaterally; right knee- ROM was flexion 130/140, extension 0/0, tenderness to palpation anterior, lateral and medial aspects, McMurray's was positive; left knee- ROM decreased, painful, tenderness to palpation of anterior, lateral and medially, McMurray's was positive. Diagnostic impression: lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, right knee internal derangement, right knee sprain/strain, left knee internal derangement, left knee sprain/strain. Treatment to date: modified duties, back support, cane, multiple lumbar epidural injections, sacroiliac joint epiduraography, physical therapy, acupuncture, chiropractic therapy, facet block injections, localized intense neurostimulation therapy, and medication management. A UR decision dated 5/27/14 denied the request for decision for Aqua Therapy (duration unspecified) due to unknown previous sessions of aqua therapy and no documented benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (Duration Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface and Physical Therapy Chapters.

Decision rationale: CA MTUS states that "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity." However, in the documentation provided, it is noted that this request is for "continued aquatic therapy". There is no documentation of the quantity of sessions of aquatic therapy the patient has previously received, nor is there documentation of functional improvement from the prior sessions. The specific quantity of aquatic therapy being requested is not specified. In addition, it is unclear why the patient cannot tolerate regular land-based physical therapy. Therefore, the request for Aqua Therapy (duration unspecified) is not medically necessary.