

Case Number:	CM14-0187312		
Date Assigned:	11/17/2014	Date of Injury:	12/31/2005
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 65-year old male with a date of injury of 12/31/05. The listed diagnoses are lumbar spine DDD with BLE radiculopathy, bilateral knee pain. According to progress report 9/26/14, the patient presents with low back and bilateral knee pain. Examination of the lumbar spine revealed tenderness and muscle spasms. There is positive straight leg raise and the low back pain radiates to the bilateral knee. Range of motion was decreased on all planes and the patient had a guarded gait. Examination of the bilateral knee revealed some swelling and tenderness in the medial greater than lateral. There was positive crepitus and grind test bilaterally. The patient reports that he would like to avoid knee replacement. The Physician made a recommendation for "aquatic/rehab (lumbar) 2x4=8," and a BioCare Device. Utilization review denied the request on 10/22/14. Treatment reports 6/13/14 and 9/26/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice per week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: This patient presents with low back and bilateral knee pain. The current request is for Aquatic Therapy Twice per Week for four Weeks for the Lumbar Spine. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007). The patient reported having low back and bilateral knee pain, and the Physician recommended Aqua therapy for the lumbar spine to increase ADLs, and reduce meds, pain level and medication usage. In this case, the Physician has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. In this case, there is inadequate explanation as to why aqua therapy is necessary as opposed to a home based exercise program or land based therapy. Therefore, Aquatic therapy twice per week for four weeks for the lumbar spine is not medically necessary.

Bilateral knee Biocare device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter has the following regarding BioniCare knee device

Decision rationale: This patient presents with low back and bilateral knee pain. The current request is for Bilateral Knee "BioCare" Device. As indicated in progress report dated 9/26/14 and Utilization review dated 10/22/14, this is a request for "BioCare. The MTUS and ACOEM Guidelines do not specifically discuss BioCare. However, ODG Guidelines under the Knee chapter has the following regarding BioCare knee device, "recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee who may be candidates for total knee arthroplasty but want to defer surgery. This device received FDA approval as a TENS device but there are additional claims of tissue regeneration, effectiveness, and studies suggesting the possibility of deferral of TKA with the use of the BioCare device." This patient has a long history of bilateral knee symptomatology. In this case, the Physician is requesting the BioCare device to deter total knee replacement. The requested BioCare knee device is medically necessary.

