

Case Number:	CM14-0189715		
Date Assigned:	11/20/2014	Date of Injury:	04/30/2010
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old with an injury date on 4/30/10. Patient complains of continued significant low lumbar pain per 9/3/14 report. The patient also has bilateral knee pain, and has recently begun a second course of Aqua Therapy per 8/6/14 report. The Aqua Therapy is helping with the back and bilateral knee pain per 5/7/14 report, and the 9/3/14 report states Aqua Therapy brings "great improvement and reduction of pain." Based on the 9/3/14 progress report provided by the treating physician, the diagnoses are: lumbar radiculopathy and internal derangement of knee not otherwise specified. Exam on 9/3/14 showed "L-spine range of motion restricted. Straight leg raise positive bilaterally." No range of motion testing for the knees were found in provided reports. No evidence of instability or difficulty of walking was found in the provided reports. Patient's treatment history includes physical therapy, chiropractic treatment, bilateral knee arthroscopic surgeries in 2012, medications (Oxycodone, Percocet), Aqua Therapy, arthroscopic surgery (bilateral knees), and work restrictions (total disability). The treating physician is requesting Aqua Therapy. The utilization review determination being challenged is dated 10/16/14. The requesting physician provided treatment reports from 1/14/14 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Sections: Physical Therapy and Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy; physical medicine Page(s): 22 and 98-99.

Decision rationale: This patient presents with lower back pain and bilateral knee pain. The provider has asked for Aqua Therapy on 9/3/14. The utilization review letter dated 10/16/14 states patient has had 20 sessions of aquatic therapy. Regarding aquatic therapy, MTUS states: "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." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient presents with chronic back/knee pain, and prior Aqua Therapy has been of benefit. However, there is no documentation of extreme obesity or need for reduced weight-bearing exercises. Furthermore, the request does not include a specified number of Aqua Therapy sessions. The request is not medically necessary.