

Case Number:	CM14-0194786		
Date Assigned:	12/02/2014	Date of Injury:	07/18/2007
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 56 year old patient with date of injury of 07/18/2007. Medical records indicate the patient is undergoing treatment for internal derangement of knee, lumbar/lumbosacral disc degeneration, disorders of coccyx, rupture of tendons of foot and ankle posterior tibial tendon, depression and thoracic disc displacement without myelopathy. Subjective complaints include pain and swelling in back and tail bone and sciatic pain. Objective findings include range of motion of thoracic spine is guarded and painful, T6 is protuberant on inspection and tender on palpation; lumbar range of motion is guarded, spinous process tenderness noted on L5 and coccyx, lumbar facet loading negative bilaterally, straight leg raise negative, Faber negative; left knee range of motion decreased with flexion at 100 degrees, tenderness on palpation of lateral and medial joint line and pes anserine, unstable with MDL and LCL testing; left foot has complete collapse of the arch. Treatment has consisted of aquatic therapy, Norco, Zanaflex, Clonazepam, Gabapentin, Lisinopril, Cymbalta, Pristiq ER, Propranolol and Medicinal Marijuana. The utilization review determination was rendered on 10/27/2014 recommending denial of Prilosec 20mg #60, Docuprene 100mg #60 and Tramadol ER 150mg #30.

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 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy; MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has sub-acute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of sub-acute or chronic LBP". The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease". Records provided indicate that the patient received previous physical therapy sessions. The patient did not meet her goal from previous therapy. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. As such, the current request for Aquatic Therapy 2 times a week for 4 weeks for low back is not medically necessary.