

Case Number:	CM14-0204570		
Date Assigned:	12/16/2014	Date of Injury:	07/10/2009
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 injured worker is a 38-year-old male who injured his lower back on 7/10/09. He complained of lower back pain with radiation to lower extremities, right knee pain with swelling and some buckling. On exam, he had tender paravertebral lumbar muscles with spasm, pain of right knee with crepitus and decreased range of motion. No clinical evidence of instability on exam. A 2010 MRI of the right knee showed mild to moderate amount of fluid within the knee joint, 5mm cyst, collapsed baker's cyst, grade II tear of the posterior horn of the medial meniscus, and sprains of the anterior cruciate ligament and medial collateral ligament. He had Electrodiagnostic testing of his lower extremities in 2012 showing chronic right S1 radiculopathy. An x-ray of the lumbar spine in 2013 showed excellent position of the implants at the levels of L5-S1. He was diagnosed with lumbago, lumbosacral neuritis, and internal derangement of knee. His medications included Tramadol, Diclofenac; He had L5-S1 posterior lumbar interbody fusion and right knee arthroscopic surgery with meniscectomy and chondroplasty. The current request is for aquatic therapy for the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy to Lumbar Spine and Right Knee quantity: 12: 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), Physical Therapy Guidelines

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

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate and has no signs on instability. There is no documentation that the patient had failed land-based therapy. Therefore, aquatic therapy is not medically necessary at this time.