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| Case Number: | CM14-0207952 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 04/02/2004 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Pain 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 female patient with a date of injury of April 2, 2004. A utilization review determination dated December 3, 2014 recommends non-certification of aqua therapy 2 times a week for 24 additional sessions. A progress note dated September 29, 2014 identifies subjective complaints of low back pain radiating down into both lower extremities with numbness and tingling. The patient also has left sacroiliac joint pain, as well as left knee pain with swelling and crepitus with the movement. The physical examination reveals a well-healed lumbar spine incision, tenderness to palpation in bilateral sacroiliac joints, FABERE and Patrick's tests are positive on the left, left knee reveals positive McMurray's sign, positive tenderness of left posteromedial and posterolateral midline, and the left knee has an effusion. The diagnoses include lumbar discopathy with disc displacement, status post lumbar fusion, lumbar radiculopathy, left knee internal derangement, and left sacroiliac sprain. The treatment plan recommends a prescription for Norco 10/325 mg #120, a prescription for Prilosec 20 mg #90, and prescription for Nalfon 400 mg #90, a prescription for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, a prescription for Ativan for anxiety, a prescription for Ambien for insomnia, a request for authorization for urine toxicology tests, a request for an MRI of the left knee, a request for Tempur-Pedic mattress for support of the low back, and a request for continuation of aqua therapy for a total of 24 sessions. An aqua therapy progress report dated October 22, 2014 identifies that it is the patient's fifth visit. The assessment reveals that the patient is improving functional tolerance, and steady progress in range of motion, flexibility, strength, and stability. The recommendation is for the patient to continue with aquatic PT as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy 2 times a week for 24 additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298; 340, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy; Knee & Leg Chapter, Aquatic Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, the patient has completed 5 sessions of physical therapy and guidelines recommend a total 10 visits over 8 weeks for the diagnoses of lumbar discopathy with disc displacement and lumbar radiculopathy and 9 visits over 8 weeks for left knee internal derangement. The current number of visits being requested, along with the number already completed, exceeds the maximum visits recommended by guidelines for the patient's diagnoses. Finally, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.