

Case Number:	CM14-0208580		
Date Assigned:	12/22/2014	Date of Injury:	12/25/2013
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 33 year old female with an injury date of 12/25/13. Based on the 11/20/14 progress report, this patient complains of "4/10" intermittent pain described as "burning and aching" associated with a sense of "pins-and-needles and numbness." Examination of the lower extremities is unremarkable and normal to palpation, range of motion, coordination, sensation, muscle tone and strength, swing phase and visual inspection. Diagnoses for this patient are:1. Lumbosacral radiculopathy.2. Obesity with recent 45-pound weight loss, which has been attributed to intentional weight loss.3. Facet syndrome, lumbar spine.4. Degenerative disc disease of the lumbar spine.5. Resolved right lateral femoral cutaneous neurologia, which I believe was associated with the 6-pound weight gain after the steroid injection. Work status as of 11/20/14: Modified duties with some restrictions. The utilization review being challenged is dated 12/10/14. The request is for twelve (12) initial aquatic therapy sessions for the right knee. The requesting provider has provided reports from 6/16/14 to 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial aquatic therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/knee>; table 2, Summary of Recommendations, Knee Disorders.

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

Decision rationale: This patient presents with "4/10" burning and aching pain. The treater requests TWELVE (12) INITIAL AQUATIC THERAPY SESSIONS FOR THE RIGHT KNEE per report dated 11/20/14, to "support her continued functional rehabilitation." Regarding aquatic therapy, MTUS guidelines state: "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 also allows 9-10 sessions for myalgia/myositis type of symptoms. Per the 11/20/14 report, this patient denies having any tenderness to palpation, has 5/5 strength bilaterally, sensation is intact to light touch bilaterally, negative straight leg test and Patrick's maneuver bilaterally, has normal tone with no muscle spasms with smooth and symmetric coordination with full range of motion of hops, knees, and ankles, with symmetric swing phase to heel strike and liftoff. With the exception of the subjective 4/10 sciatic pain, exam of this patient is within normal limits and/or clinically unremarkable; furthermore, the sciatic pain is "less with changing positions." This patient is able to perform more at work and has reported to have voluntarily stopped her use of p.r.n. ibuprofen. There is no indication of why this patient requires aquatic therapy to minimize the effects of gravity or to reduce weight bearing, when she ambulates comfortably and has "significantly increased her walking." Furthermore, the request for 12 sessions exceeds the recommended 9-10 visits as allowed by MTUS guidelines. This request IS NOT medically necessary.