

<b>Case Number:</b>	CM15-0105924		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on April 7, 2010. The mechanism of injury was not provided. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included lumbar strain with facet hypertrophy, right lower extremity radicular pain, right knee pain/status post arthroscopy with residuals, post traumatic arthrosis of the right knee, left knee degenerative joint disease, right knee chondromalacia, right knee patellar tendinopathy, anxiety and depression. Treatment to date has included medications, radiological studies, Supartz injections and right knee surgery. Current documentation dated May 5, 2015 notes that the injured worker reported low back pain and worsening bilateral knee pain. The low back pain radiated down the right lower extremity and was rated an eight out of ten on the visual analogue scale with medications. The knee pain was rated a six out of ten on the right and an eight out of ten on the left with medications. Examination of the lumbar spine revealed tenderness of the paraspinal muscles, greater on the right and a decreased range of motion. A Kemp's test was positive bilaterally. A straight leg raise test was positive on the right. Examination of the bilateral knees revealed tenderness and a decreased range of motion. A patellofemoral sign was positive. Crepitus was noted with active and passive range of motion. The treating physician's plan of care included a request for aquatic therapy # 12 to the bilateral knees to increase strength and function and to reduce pain. The treating physician also requested chiropractic therapy # 12 to the lumbar spine to increase functionality and decrease pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 78, 93, 340, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy with current request for chiropractic therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery; however, there is diagnosis of borderline obesity requiring gentle aquatic rehabilitation with passive modalities. The patient was provided with at least 8 recent aqua therapy sessions and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for additional pool therapy. The Aqua therapy 12 sessions is not medically necessary and appropriate.

**chiropractic therapy 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have

not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury of 2010. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The chiropractic therapy 12 sessions is not medically necessary and appropriate.