

Case Number:	CM15-0135496		
Date Assigned:	07/23/2015	Date of Injury:	05/22/2014
Decision Date:	08/20/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 5/22/14. She reported injury to her lower back and knees. The injured worker was diagnosed as having spinal enthesopathy, osteoarthritis not otherwise specified and lumbar sprain. Treatment to date has included acupuncture and Flexeril. On 2/18/15 the injured worker rated her pain a 7/10 in the lower back, left lower extremity and left hip. She indicated significant pain relief and increased range of motion from acupuncture. As of the PR2 dated 6/18/15, the injured worker reports increased lower back and right knee pain. She rates her pain a 7/10. Objective findings include a negative straight leg raise test, restricted left knee range of motion and 2+ effusions. The treating physician requested retrospective: pool therapy x 13 (lumbar) (DOS: 07/13/2014-02/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Pool Therapy x 13 (Lumbar) (DOS: 07/13/2014-02/20/2015): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for low back, left hip, and left lower extremity pain. She had 6 land-based physical therapy treatments with temporary improvement and then aquatic therapy. In December 2014 a continued independent exercise program including aquatic therapy 3 times per week was recommended. In May 2015, the claimant's BMI was nearly 32. She was having radiating low back pain and bilateral hip and knee pain. There was lumbar tenderness with decreased range of motion. There was decreased left knee range of motion with a moderate effusion and patellofemoral crepitus. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and pool therapy was appropriate. An independent pool program was advised as of December 2014. The number and duration of skilled treatments for which authorization is being requested is excessive. The request is not medically necessary.