MAXIMUS Federal Services

Case Number:	CM15-0137397		
Date Assigned:	07/27/2015	Date of Injury:	11/28/2001
Decision Date:	08/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This 63-year-old female sustained an industrial injury on 11/28/01. She subsequently reported back pain. Diagnoses include osteoarthritis, lumbosacral sprain and plantar fascial fibromatosis. Treatments to date include MRI and x-ray testing, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience leg weakness, right knee popping, locking and buckling. Upon examination, there was left upper trapezius tenderness and possible trigger point. Lumbar flexion is reduced; there is lumbar and cervical paraspinal spasm. Straight leg raising tests are positive for pain bilaterally. There is right knee medial and lateral joint line tenderness and crepitus with passive motion. A request for Additional session of aquatic therapy and gait training x 6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional session of aquatic therapy and gait training x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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: p 87.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for right lower extremity weakness with knee buckling and neck and low back pain. As of 06/16/15, she had completed 6 aquatic therapy treatment sessions including instruction in self- directed exercise. She was feeling better and able to perform exercises in the pool. Continued pool therapy for strengthening and general conditioning was recommended. When seen, there had been a recurrent fall on that day. There was decreased spinal range of motion with left trapezius muscle tenderness and lumbar paraspinal muscle spasms. There was right knee crepitus with joint line tenderness. Knee strength was normal. Additional aquatic therapy was requested. 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 has had aquatic therapy with instruction in a self-directed exercise program with reported benefit. Transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.