

Case Number:	CM15-0165051		
Date Assigned:	09/02/2015	Date of Injury:	10/30/2013
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/23/2015

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 68 year old male who sustained a work related injury October 30, 2013. According to a primary treating physician's progress report, dated July 20, 2015, the injured worker presented with constant low back pain with occasional pain to the right leg. He reports constant right knee pain and a knee brace did not help but did cause some skin irritation. He also reported very temporary relief from a TENS (transcutaneous electrical nerve stimulation) unit and does not like the back brace. Objective findings included; negative straight leg raise and tenderness of the lumbar spine with spasm. Some handwritten notes are difficult to decipher. Diagnoses are multilevel degenerative disc disease; anterolisthesis grade I-II, L4-5; osteoarthritis of the right knee. Treatment plan included to discontinue TENS unit, use brace as needed only, pain management consultation scheduled, lumbar MRI, and at issue, a request for authorization for aqua therapy 2 x 4 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x 4 weeks for the lumbar spine: 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: p 87.

Decision rationale: The claimant sustained a work-related injury in October 2013 and is being treated for constant back and right knee pain. He has a history of right knee surgery more than 45 years ago. His BMI is nearly 27. When seen, there was no improvement with the use of bracing. Physical examination findings included lumbar spine tenderness with muscle spasms. Prior evaluations document an antalgic gait and bilateral ankle dorsiflexion weakness. 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 has low back pain as well as a remote history of right knee surgery. A trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and might not require the number of requested treatments. The request is not considered medically necessary.