

Case Number:	CM15-0166247		
Date Assigned:	09/03/2015	Date of Injury:	05/27/2012
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 72 year old male, who sustained an industrial injury on 5-27-2012. Diagnoses have included knee pain, lumbosacral (joint) (ligament) sprain, contusion of hip, contusion of knee, recurrent flare up of chronic low back and left knee pain and lumbar spondylosis. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 6-9-2015, the injured worker complained of slightly increased back pain radiating to his left leg. He reported no change in left knee pain. Physical exam revealed decreased lumbar range of motion. There was mild, bilateral, lumbar paraspinal spasm. There was positive left sacroiliac joint tenderness, positive right L4-5 trigger point and positive tight lumbar facet maneuver. Exam of the left hip was positive with left Patrick test. There was mild left knee swelling and positive patellar compression and apprehension tests. Authorization was requested for aquatic therapy twice a week for three weeks for the lumbar spine, left hip and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 2 times a week, lumbar spine, left hip/knee per 6/9/15 order QTY: 6:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. Physical therapy had been scheduled as well. The amount requested exceeds the amount suggested by the guidelines. The request for 12 sessions of aqua therapy is not medically necessary.