

Case Number:	CM15-0180776		
Date Assigned:	09/22/2015	Date of Injury:	06/07/2012
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/14/2015

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 57 year old male, who sustained an industrial injury on 6-7-2012. He reported cumulative trauma type injuries to the low back and knees. Diagnoses include cervicgia, radiculopathy, disc protrusion, degenerative disc disease, lumbago with disc protrusion, facet dysfunction, degenerative disc disease and radiculopathy, knee pain status post surgery, and anxiety, depression with a history of more than one suicide attempt. Treatments to date include activity modification, medication therapy, TENS unit, cortisone injection to joint, acupuncture treatments, shock wave therapy, psychotherapy, and physical therapy. Currently, he complained of ongoing pain in the neck, low back, and bilateral knees rated 10 out of 10 VAS. On 7-15-15, the physical examination documented that the straight leg raise, Patrick's, facet loading, and Spurling's tests were all positive. There was decreased sensation and decreased strength to bilateral lower extremities. The lumbar spine, muscles, sacroiliac joint region and bilateral grater trochanteric bursa were all tender. There was laxity and crepitus noted in bilateral knees. The plan of care included pool therapy. The appeal requested authorization of twelve (12) aquatic therapy sessions for bilateral knees and lumbar spine, twice a week for six weeks. The Utilization Review dated 8-17-15, denied the request stating "Guidelines criteria have not been met," per the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 6 for bilateral knees and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 cumulative, work injury to the low back and knees with date of injury in June 2012. When seen, he was having constant pain rated at 10/10. Knee injections were pending. Physical examination findings included positive Spurling's testing, Patrick's testing, facet loading, and straight leg raising. There was diffuse the decreased sensation and diffuse bilateral lower extremity weakness. There was lumbar paraspinal, sacroiliac joint, and bilateral trochanteric bursa tenderness. There was crepitus and laxity at the knees. Authorization is being requested for 12 sessions of aquatic therapy. His BMI is nearly 27. 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 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 would not be expected to require the number of requested treatments. The request is not medically necessary.