

Case Number:	CM15-0187233		
Date Assigned:	09/29/2015	Date of Injury:	11/18/2013
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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 44 year old, male who sustained a work related injury on 11-18-13. A review of the medical records shows he is being treated for low back and right knee pain. Treatments have included 6 sessions of acupuncture, use of an interferential unit, 4 sessions of chiropractic treatments and 6 sessions of "therapeutic activity." In the last few progress notes, the injured worker reports low back pain. He has right lower extremity pain. He has right knee pain. On physical exam dated 7-10-15, he has tenderness over the right paralumbar muscles. Palpation of the right sciatic notch produces pain that radiates to the right leg. He has tenderness over the right knee joint. He is not working. The treatment plan includes continuation of aquatic therapy, chiropractor treatments, home exercises and use of an interferential unit. The Request for Authorization dated 7-10-15 has requests for continued chiropractic evaluation and treatment directed to the low back and for continued aquatic therapy directed to the low back and right knee. In the Utilization Review dated 8-23-15, the requested treatments of additional aquatic therapy for 8 sessions to the lumbar spine and right knee are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy for 8 sessions to the lumbar spine and right knee 2 X 4: 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 work injury in November 2013 while picking up hoses at an asphalt factory when he had the onset of low back pain. He continues to be treated for low back and right lower extremity pain. When seen, there had been improvement with chiropractic treatments, aquatic therapy, and use of an interferential unit. He had received six sessions of therapy. Physical examination findings included a body mass index over 38. There was right lumbar muscle tenderness. There was radiating pain with palpation over the right sciatic notch. There was mild right leg atrophy. There was decreased lower extremity sensation. He had medial joint line tenderness with positive McMurray's testing. Recommendations included continued chiropractic and an additional eight aquatic treatments were requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.