

Case Number:	CM15-0188134		
Date Assigned:	09/30/2015	Date of Injury:	09/01/2003
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 62 year old male with an industrial injury dated 09-01-2003. A review of the medical records indicates that the injured worker is undergoing treatment for status post right knee arthroplasty-tumor prosthesis, lumbago, knee arthralgia, lumbar spondylosis and knee arthritis. Treatment has included X-ray of the lumbar spine, right knee and left knee on 12-24-2014, prescribed medications, at least 13 aquatic therapy visits and periodic follow up visits. According to the progress note dated 08-28-2015, the injured worker reported constant pain in the lumbar spine. The injured worker reported that he cannot stand longer than 10 minutes. The injured worker continues to have stiffness in the back with pain radiating to the bilateral legs and feet. The injured worker also reported bilateral knee pain, left knee worse than right knee, with numbness, stiffness and intermittent swelling in the right knee. The injured worker has been doing aqua therapy once a week. Objective findings (08-20-2015) revealed use of cane for ambulation, limited range of motion in right knee and positive crepitus and tenderness over joint space in the left knee. The treatment plan included authorization for referral of joint specialist and continued aqua therapy. The treating physician reported that "the injured worker is unable to do ground therapy because of his limitations in his right knee secondary to severe stiffness from a poorly rehabbed knee replacement." The treating physician prescribed services for continued aqua therapy (lumbar, bilateral knees) 2x6. The original utilization review determination (08-28-2015) denied the request for continued aqua therapy (lumbar, bilateral knees) 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Aqua Therapy (Lumbar, Bilateral Knees) 2x6: 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: Nine the claimant has a remote history of a work injury occurring in September 2003 and continues to be treated for bilateral knee pain and low back pain. He has a history of a right total knee replacement complicated by infection with two subsequent surgeries. When seen, he was having constant lumbar spine pain. He had a limited standing tolerance. He was having radiating symptoms into the legs and feet. He was having bilateral knee pain with left knee instability. He was having intermittent swelling of the right knee with numbness and stiffness. He had been participating in aquatic therapy at least one time per week. Physical examination findings included only 10 degrees of right knee flexion. There was decreased left knee range of motion with crepitus and joint space tenderness. He was ambulating with a cane. Further surgical evaluation was recommended. Authorization for additional aquatic therapy is being requested. As of 04/27/15 he had attended 12 aquatic therapy treatment sessions including instruction in an exercise program. His body mass index is over 37. 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.