

<b>Case Number:</b>	CM15-0189541		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: North Carolina, Georgia  
 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 66 year old male, who sustained an industrial injury on June 20, 2011. The injured worker was diagnosed as having right knee degenerative joint disease and multiple compression fractures of the lumbar spine, osteoporosis, osteopenia, and hypertension. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, physical therapy, and home exercise program. In a progress note dated August 27, 2015 the treating physician reports complaints of constant low back pain and right knee pain with weakness. Examination performed on August 27, 2015 was revealing for tenderness to the right knee at the medial joint line, tenderness to the lumbar paraspinal muscles, and positive straight leg raises to the bilateral lower extremities. The medical records provide included at least twelve sessions of physical therapy as noted on June 28, 2012 and at least 12 sessions of physical therapy as noted on December 27, 2013 with the treating physical therapist noting on the June 28, 2012 visit that the injured worker "subjectively and objectively improved" and "continued constant pain in the mid-low back however the intensity has decreased". The treating physical therapist on December 27, 2013 noted that the injured worker "reported significant improvement with decrease in pain and increased flexibility". The medical records provided included a magnetic resonance imaging report from July 03, 2015 that was revealing for multiple chronic compression fractures, disc desiccation, disc protrusions with bilateral neural foraminal narrowing at lumbar one to two, lumbar two to three, lumbar four to five, near complete obliteration of the intervertebral disc space with bilateral neural foraminal narrowing at lumbar three to four, and disc protrusion with left neural foraminal narrowing at lumbar five to sacral one. On August 27, 2015 the treating physician requested aquatic

therapy with the quantity unknown for low back pain that was rated a 4 out of 10 and requested a surgical consultation, but the progress note and request for authorization did not indicate the specific reason for the requested consultation. On September 09, 2015 the Utilization Review determined the requests for a surgical consultation and aquatic therapy to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Surgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** ACOEM addresses the need for surgical consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no red flag findings and contain documentation of compression fractures of the lumbar spine for which ongoing conservative management is recommended, with a specific recommendation against surgical intervention. As such, surgical follow up is not medically indicated.

**Aquatic therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. The medical records in this case document no intolerance of land based physical therapy. Aquatic therapy is not medically necessary and the original UR decision is upheld.