MAXIMUS Federal Services

Case Number:	CM15-0189785		
Date Assigned:	10/01/2015	Date of Injury:	07/16/2004
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 07-16-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee pain (status post right total knee replacement), lumbar discopathy, and left knee internal derangement. Medical records (03-26-2015 to 08-06-2015) indicate increasing right knee pain rated 6-7 out of 10 on a visual analog scale (VAS), and ongoing low back pain rated 6-7 out of 10 on VAS with radiating pain into the right lower extremity. On 05-29-2015, there were new reports of left knee pain (4 out of 10) and right wrist pain (5 out of 10). On 06-26-2015, the IW reported increased pain in the left knee (6 out of 10), continued right wrist pain, and new complaints of bilateral hip pain (6 out of 10). Activity levels and level of function were no addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 08-06-2015, increasing pain in the low back and continued pain in the bilateral knees, bilateral hips and right wrist. The physical exam revealed slightly antalgic gait, painful heel and toe walk, tenderness to the right knee joint lines, restricted and painful range of motion (ROM) in the right knee, partial and painful deep knee bends, tenderness and crepitus to the left knee, positive McMurray's and pivot shift tests of the left knee, tenderness from the thoracolumbar spine down to the base of the pelvis, slightly tight paralumbar musculature bilaterally, tenderness to the buttocks, tenderness on stress of the pelvis, restricted ROM in the lumbar spine, and a positive sciatic stretch. Relevant treatments have included: 2 right knee surgeries, injections to the left knee, previous aquatic therapy with reported benefit, work restrictions, and pain medications. The PR (08-06-2015) shows that the following therapy was

requested: 8 sessions of aquatic therapy. The original utilization review (08-27-2015) non-certified the request for 8 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8: 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, Physical Medicine.

Decision rationale: The patient presents with diagnosis that include bilateral knee pain, lumbar discopathy, left knee internal derangement, right knee total knee arthroplasty (date unknown). The patient currently complains of right hand pain, right knee pain, low back pain and pain to the right foot. The current request is for Aquatic therapy x 8. The treating physician states in the treating report dated 8/6/15 (37B), "We did submit an RFA for physical therapy last visit with no response just yet from the carrier; however, today he notes aquatic therapy is the treatment he had in the past with great relief; therefore, this would be out new request today." MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, there is no clinical history of extreme obesity or note of possible benefit from exercise with reduced weight bearing included in the documentation. Additionally, MTUS only allows 8-10 sessions of aquatic therapy for the diagnoses' of myalgia/myositis, the type of condition this patient suffers from. However, it is not clear when, the last aqua therapy was performed or how many sessions have been completed to date. The patient's specific objective clinical gains as well as functional benefit as a result of any prior aqua therapy visits are not outlined in the clinical history provided. Without the specific clinical history to support the MTUS Guidelines for treatment, the medical necessity cannot be found to support the treatment requested. MTUS requires detail in terms of clinical history. The current request is not medically necessary.