

Case Number:	CM15-0193458		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2003
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 7-9-2003. The injured worker is undergoing treatment for chronic pain, cervical and lumbar radiculopathy, headaches, cervicalgia, obesity, status post bilateral total knee arthroplasty, status post knee revision. Medical records dated 8-27-2015 indicate the injured worker complains of neck pain radiating to bilateral upper extremities, back pain, bilateral upper extremity pain in shoulders to the hands, bilateral lower extremity pain in knees and ankles and headaches. Pain is rated 7 out of 10 with medication and 10 out of 10 without medication. She reports cervical epidural steroid injection 3-17-2015 provides 50-80% overall improvement lasting 7 weeks. Physical exam dated 8-27-2015 notes use of walking stick for ambulation with slow antalgic gait, cervical tenderness to palpation and decreased painful range of motion (ROM), lumbar tenderness to palpation, spasm, painful decreased range of motion (ROM), decreased sensitivity along L5-S1 dermatome, positive straight leg raise and clean dry surgical dressing and left knee tenderness to palpation. Treatment to date has included lumbar surgery, bilateral knee arthroplasty with revision the on left, Vitamin B12 injection, cervical epidural steroid injection, medication and home exercise program (HEP). The original utilization review dated 9-8-2015 indicates the request for aquatic therapy 2 X 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times four weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are cervical discopathy; shoulder pain; status post L4 - L5 and L5 - S1 posterior lumbar interbody fusion; right knee arthritis with chronic effusion; right knee degenerative joint disease; left knee degenerative joint disease status post knee arthroscopy; headaches, had contusion; obesity; status post left total knee replacement; status post spinal surgical fusion and decompression; lumbar discopathy; bilateral total knee arthroplasty. Date of injury is July 9, 2003. Request for authorization is September 11, 2015. According to an August 20, 2015 progress note, the injured worker is status post left knee revision with primary right total knee arthroplasty. The injured worker has complaints referable to the cervical and lumbar spine. Objectively, there is tightness in the paraspinal muscle groups. At the knee, there is tenderness to palpation and the medial and lateral joint lines. There is no documentation of failed land-based physical therapy. There are no physical therapy progress notes from prior physical therapy (based on total knee arthroplasties, etc.) in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There is no clinical rationale for aquatic therapy requiring reduced weight bearing. There are no compelling clinical facts in the medical record indicating additional physical therapy (aquatic therapy) is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy, no documentation of failed land-based physical therapy, and no clinical rationale for aquatic therapy with reduced weight bearing, aquatic therapy two times per week times four weeks is not medically necessary.