

Case Number:	CM15-0204987		
Date Assigned:	10/21/2015	Date of Injury:	06/18/2009
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 33-year-old male who sustained an industrial injury on 6-18-2009 and has been treated for bilateral knee pain, lumbar spinal stenosis, radiculopathy, and chronic pain syndrome. A 2014 MRI is cited to have shown progression of degenerative changes at L4-5 with mild stenosis. On 9-14-2015 the injured worker reported worsening, severe back spasms, especially while sleeping which radiates into his left knee and foot. Pain was characterized as "excruciating" and the left knee was reported as being unstable leading to back spasms. On 8-6-2015, pain was rated as 7-8 out of 10 on a visual analog scale, and it was noted that "these symptoms have been present since 6-18-2009." That note states that the injured worker may be considered in the future for a two level total disc replacement L4-S1. Objective examination revealed guarded movement, facial grimacing, and left knee flexion limited to 60 degrees with no other noted findings. Documented treatment includes right and left lateral knee releases in 2013, home exercise, an unspecified number of physical therapy sessions, "multiple injections" to his lower back with "diminished efficacy," and Percocet, but with noted unwanted side effects. Medications noted in the documentation have included Ativan, Flector patch, Percocet and Zofran. The note also states that the injured worker is doing some "aqua therapy" but it is not stated if this is being performed independently or with a therapist, nor is there documentation of response to treatment. The treating physician's plan of care includes a request for 8 aquatherapy sessions for the lumbar spine which were non-certified on 9-29-2015. Current work status is noted as temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: Although it is noted the patient is doing some aquatic therapy, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered. The patient reports unchanged activity and pain levels, continuing on analgesics remaining off work. Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary and appropriate.