

Case Number:	CM15-0023278		
Date Assigned:	02/12/2015	Date of Injury:	05/29/2014
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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 53 year old male, who sustained a work/ industrial injury on 5/29/14 from cumulative trauma as a general worker stacking car rims on pallets. He has reported symptoms of frequent, moderate dull, achy, neck, back, and left knee/ankle pain. Prior medical history included diabetes mellitus. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic/lumbosacral neuritis/radiculitis, and cartilage or meniscus tear of knee, lumbar sprain/strain. Treatments to date included medication, exercises, chiropractic care, physical therapy. X-ray's demonstrated left and right shoulder acromioclavicular joint hypertrophy. There was multilevel mild endplate osteophytes without disc narrowing to the lumbar spine. Medications included Ultracet, Naproxen, Prilosec, and Cidaflex. Examination noted 3+ tenderness to palpation of the cervical papavertebral muscles and bilateral trapezii, decreased cervical range of motion, pain with cervical and shoulder depression, muscle spasm of the thoracic paravertebral muscles with decreased range of motion. Kemp's causes pain bilaterally. Straight leg raise causes pain. There was 3+ tenderness to palpation of the posterior/ lateral, shoulder and acromioclavicular joint. The left shoulder range of motion was decreased and painful. Supraspinatus press caused pain. There was 3+ tenderness to palpation of the anterior, medial, lateral knee. Range of motion was painful. There was 3+ tenderness to palpation of the dorsal and lateral ankle with range of motion being decreased and painful. Anterior and posterior drawer caused pain. A request was made for aquatic therapy. On 1/23/15, Utilization Review non-certified Aquatic therapy 3 times a week for 4 weeks for the

lumbar spine and bilateral knees, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain: Aquatic Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 4 weeks for the lumbar spine and bilateral knees:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic bilateral knee and low back pain. He is overweight with a BMI of 26.6 consistent with a diagnosis of obesity. A trial of 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. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.