

Case Number:	CM15-0025365		
Date Assigned:	02/17/2015	Date of Injury:	11/10/2000
Decision Date:	04/09/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pennsylvania, Ohio, 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:

This 62-year-old female sustained a work related injury on 11/10/2000. According to a progress report dated 12/30/2014, the injured worker complained of persistent pain in her lower back. Pain was rated 6 on a scale of 1-10. Pain radiated down both legs with numbness down the right thigh. Left knee was rated 3 on a scale of 1-10 and was improving slightly. She was doing chiropractic treatment that was helping. She had completed 2 of 12 treatments on the lower back. Physical examination revealed decreased range of motion in the lumbar spine. There was tenderness to the paraspinals, right greater than left. There was decreased sensation 4/5 at L4 and L5 on the right, but normal at S1 on the right. There was normal strength bilaterally 5/5 at L4, L5 and S1 and normal sensation 5/5 at L4, L5 and S1 on the left. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Examination of the left knee revealed decreased range of motion. There was tenderness to the medial and lateral joint line. There was positive patellofemoral grind and slight decreased quadriceps strength 4+/5 with flexion and extension. Diagnoses included chronic myofascial lumbar sprain, posttraumatic arthritis both knees and fibromyalgia non-industrial. Treatment plan included continue with chiropractic treatment, aquatic therapy and Ultram. On 01/15/2015, Utilization Review non-certified aquatic therapy to the lumbar spine and left knee 2 x 4. According to the Utilization Review physician, documentation did not included objective findings regarding her range of motion to her lumbar spine and left knee. CA MTUS Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page 22 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy to the lumbar spine and left knee 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. Additionally the records do not provide a rationale for aquatic rather than land-based therapy at this time. This request is not medically necessary.