MAXIMUS Federal Services

Case Number:	CM15-0212724		
Date Assigned:	11/02/2015	Date of Injury:	02/23/2012
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois,
California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old male who sustained an industrial injury on 02-23-2012. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain and strain, right lumbar radiculopathy, right knee pain, dysfunction and mechanical symptoms. The injured worker has a medical history of diabetes mellitus. According to the treating physician's progress report on 10-13-2015, the injured worker continues to experience low back pain radiating to the right knee associated with numbness and tingling and rated at 5-7 out of 10 on the pain scale. The injured worker ambulates with a right lower extremity antalgic gait, decreased cadence and discontinuous steps without the use of assistive devices. Examination revealed decreased range of motion of the lumbar spine with bilateral hip and right knee motor strength noted at 4 out of 5. There was tenderness to palpation, right greater than left, over the quadratus lumborum and upper gluteus and bilateral positive straight leg raise and negative Thomas test bilaterally. The bilateral knee joint lines were tender to palpation with range of motion documented as 0-136 degrees on the right and 0-134 degrees on the left. McMurray's test was positive on the right. Lumbar spine and right knee magnetic resonance imaging (MRI) with official reports are dated 04-15-2012 and lumbar spine (with flexion and extension) official report performed on 05-14-2013 were included in the review. Prior treatments have included diagnostic testing, transcutaneous electrical nerve stimulation (TENS) unit, rest, pain management and medications. There were no other therapeutic modalities or the injured worker's response to treatment included in the report dated 10-13-2015.

Current medication was listed as Oxycodone. Treatment plan consists of the current request for pool therapy for the lower back and right knee twice a week for 6 weeks and return to clinic visit as needed. On 10- 19- 2015, the Utilization Review determined the request for pool therapy for the lower back and right knee twice a week for 6 weeks and return to clinic visit as needed was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the lower back and right knee 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. "Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease." The medical documents provided do not indicate any concerns that patient was extremely obese. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial.As such, the current request for Pool therapy for the lower back and right knee 2 times a week for 6 weeks is not medically necessary.

RTC (return to clinic) PRN (as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested return to clinic. Importantly, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. As such, the request for RTC (return to clinic) PRN (as needed) is not medically necessary at this time.