

Case Number:	CM15-0030463		
Date Assigned:	02/24/2015	Date of Injury:	05/05/2010
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: Family Practice

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 56 year old male, who sustained an industrial injury on May 5, 2010. The diagnoses have included cervical radiculitis and stenosis, status post knee arthroscopy with residuals and atrophy, status post right knee surgery, status post decompression and fusion of the lumbosacral spine with residuals. Treatment to date has included medication, physical therapy, acupuncture, knee arthroscopy, acupuncture and decompression and fusion of the lumbosacral spine. Currently, the injured worker complains of constant headaches and neck pain with radiation to the bilateral upper extremities associated with numbness and tingling. He rates the pain a 6 on a 10-point scale and notes that he experiences occasional exacerbations of pain that are primarily localized over the trapezius musculature. He complains of constant low back pain rated a six on a 10-point scale and weakness of the bilateral knees. On examination, the injured worker's portals are well -healed and he has a small effusion in the left knee. There is quadriceps atrophy with some weakness and there is residual crepitus. The knee is stable to varus and valgus testing and the right knee is similarly without effusion. The knee has good motion and is stable to varus and valgus testing and the quadriceps contours are much improved. On January 22, 2015 Utilization Review non-certified a request for twelve sessions of aquatic therapy for the cervical spine, lumbar spine and bilateral knees, noting that the request for twelve sessions was modified to be complaint with MTUS guidelines. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of twelve sessions of aquatic therapy for the cervical spine, lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3xWk x 4Wks for cervical spine, lumbar spine and bilateral knees:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: This patient receives treatment for chronic pain involving the neck, upper extremities, and lower back. The patient has epidural steroid injections, acupuncture, surgery of the lumbar spine, and arthroscopic knee surgery. The patient has received physical therapy for the neck, lumbar spine, and the R knee previously (medical documentation not provided for these visits). The patient received aquatic therapy to treat the lumbar spine and R knee previously in May 2010 and August 2013 (documentation of these visits not provided). According to the treatment guidelines, Aquatic therapy may be medically indicated as an alternative to land based therapy, if there is a need to minimize the effects of gravity and if there is extreme obesity. The treating physician does not document how these two criteria apply to this patient at this time. In addition, the physician does not document what the benefit the previous aquatic therapy had on the patient's return to function. Based on the documentation that the patient had this form of treatment previously and based on the lack of indication to begin this treatment anew, more aquatic therapy is not medically indicated.