

Case Number:	CM15-0033941		
Date Assigned:	03/05/2015	Date of Injury:	04/01/1998
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 69-year-old male, who sustained an industrial injury on April 1, 1998. He has reported lower back pain, bilateral knee pain, and bilateral ankle pain. The diagnoses have included lumbar spine segmental instability/disc herniation, lumbar spine radiculitis, internal derangement of the bilateral knees, and rule out internal derangement of the bilateral ankles. Treatment to date has included medications, injection of the right knee, knee bracing, and imaging studies. A progress note dated December 10, 2014 indicates a chief complaint of lower back pain radiating to the legs, improved right knee pain, left knee pain, and bilateral ankle pain. Physical examination showed tenderness to palpation of the lumbar spine with muscle spasm, decreased range of motion and guarding of the lumbar spine, tenderness and crepitus of the knees, and tenderness and pain with range of motion of the ankles. The treating physician is requesting aqua therapy twice each week for six weeks for the lumbar spine, knees and ankles. On January 23, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for aqua therapy twice each week for six weeks for the lumbar spine, knees and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks (12 sessions) for the lumbar spine, knees, and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary, Knee and Leg Procedure Summary.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 12 SESSIONS OF AQUA THERAPY FOR THE LUMBAR SPINE, KNEE AND ANKLE. Per 12/10/14 progress report, the patient's lumbar flexion and extension are guarded and restricted. Work status is not known. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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." In this case, the treater has asked for aqua therapy but does not discuss why this is needed over land-based therapy or home exercises. Per 12/10/14 progress report, the patient is 6'11" and 175lbs, demonstrating that he is not extreme obesity. There is no documentation of a need for weight-reduced exercise program. The patient is able to heel walk normally. The treater does not explain why aqua therapy is needed at this time and why the patient's home exercises are inadequate. The request IS NOT medically necessary.