

Case Number:	CM15-0044749		
Date Assigned:	03/16/2015	Date of Injury:	11/02/2010
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a male with a date of work injury 11/2/2010. Under consideration are 12 sessions of aqua therapy. There is a progress report dated 1/20/15 that states that the patient has low back pain with tingling and radiation to the left hip and leg with muscle spasms and movement. The patient has left knee pain rated at a 7/10, which is increased with activity. He has ankle pain rated 6/10. On exam, there is reduced lumbar range of motion, lumbar paravertebral tenderness, positive left sitting leg raise, positive bilateral Kemp test. There is a positive left knee McMurray sign and medial/lateral knee tenderness. There is full ankle range of motion and tenderness of the lateral/medial ankle with a positive inversion test. The documentation indicates a BME of 32.5. The diagnoses include left knee internal derangement, left knee sprain/strain, left ankle sprain/strain/lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine and Aquatic therapy Page(s): 98-99 and 22.

Decision rationale: Aqua therapy 12 sessions is not medically necessary per the MTUS Guidelines. The MTUS recommends aquatic therapy 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. For recommendations on the number of supervised visits, see physical medicine. The MTUS recommends for physical medicine to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home program. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Although patient has obesity it is not clear how much prior therapy (land or aquatic) he has had with an injury dating back to 2010. Furthermore, the request exceeds the guideline recommendations of up to 10 visits for the conditions presented by this patient. In addition, there is no specific body part for the aqua therapy. The request is therefore not medically necessary.