

Case Number:	CM15-0051420		
Date Assigned:	03/24/2015	Date of Injury:	06/02/2008
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old male, who sustained an industrial injury on 6/2/2008. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include spinal stenosis, lumbar, lumbago, osteoarthritis of left knee, chondromalacia of the knee, and pain in multiple joints. He is status post lumbar laminectomy in June 2014 and total knee replacement in December 2014. Treatments to date include medication therapy and physical therapy. Currently, they complained of low back pain. On 2/16/15, the physical examination documented strength was 5/5. He was approximately two months status post left total knee arthroplasty. The plan of care included physical therapy including pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of pool therapy for the lumbar area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 47.

Decision rationale: The most recent progress note dated February 9, 2015 indicates that the injured employee is two months status post a left knee total knee arthroplasty. On this date the injured employee was stated to have good range of motion and his pain was essentially gone. There are no current complaints of low back pain. A previous note dated February 4, 2015 does include a complaint of low back pain with generalized lumbar spine tenderness and decreased range of motion. This note states that the injured employee was previously unable to participate in physical therapy for the back due to his arthritic knees. Considering that the injured employee's knee is now doing better, it is unclear why land-based physical therapy cannot resume. This request for 12 sessions of pool therapy for the lumbar spine is not medically necessary.