

Case Number:	CM15-0059406		
Date Assigned:	04/03/2015	Date of Injury:	06/12/1996
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal 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 68 year old female injured worker suffered an industrial injury on 06/12/1996. The diagnoses included lumbar facet arthropathy, radiculopathy, bilateral knee pain, bilateral plantar fasciitis and chronic pain. The diagnostics included right knee and lumbar, cervical magnetic resonance imaging. The injured worker had been treated with steroid joint injections and medications. On 2/27/2015 and 3/13/2015 the treating provider reported her knee was doing better with less swelling with mild tenderness. The low back pain is constant that radiated down the right lower extremity to the feet accompanied by frequent tingling in the bilateral lower extremities. The pain was rated 8/10 with or without medications. There were spasms in the lumbar spine with tenderness and restricted range of motion. The treatment plan included Aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the right knee quantity 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. MTUS Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 12 visits for sprains and strains of knee and leg and cruciate ligament ACL tear. MRI magnetic resonance imaging of the right knee dated 3/11/15 demonstrated torn anterior and posterior cruciate ligaments appears likely with an associated tear of the lateral meniscus and the medial collateral ligament. Bone bruise of the distal lateral femoral condyle as well as chondromalacic changes of the patella and the distal femur. The pain medicine progress report dated February 27, 2015 documented a history of cervical spine, lumbar spine and bilateral knee conditions. Diagnoses included lumbar facet arthropathy, lumbar radiculopathy, bilateral knee pain and bilateral plantar fasciitis. MRI magnetic resonance imaging of lumbar spine dated 11/12/10 demonstrated moderate to severe thoracolumbar scoliosis with associated degenerative facet and degenerative disc changes. Multilevel canal and neural foraminal stenosis is identified. Canal stenosis appears greater at the level of L3-4. Neural foraminal narrowing is difficult to assess given the severity of the spinal curvature. The patient uses a walker in order to ambulate. Bilateral foot orthotics for plantar fasciitis were recommended. Aqua pool therapy for right knee 1-2 times per week for 4 weeks was requested. Reduced weight bearing is desirable. The patient reports no prior aquatic therapy with requested body part. There has recently been a flare-up in pain symptoms which has not resolved and requires directed aquatic therapy. Functional limitations exist which would reduce the effectiveness of land based therapy. The patient would optimally benefit from the buoyant effect of aquatic therapy due to chronic right knee. The medical records document lumbar spine, bilateral knee, and bilateral feet conditions that make reduced weight bearing is desirable. MRI magnetic resonance imaging of the right knee dated 3/11/15 demonstrated torn anterior and posterior cruciate ligaments appears likely with an associated tear of the lateral meniscus and the medial collateral ligament. The request for aquatic therapy is supported by MTUS and ODG guidelines. Therefore, the request for aquatic therapy is medically necessary.