

Case Number:	CM13-0035774		
Date Assigned:	12/13/2013	Date of Injury:	07/22/2005
Decision Date:	09/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female with a date of injury of 07/22/2005. The listed diagnoses per [REDACTED] are Lumbar spine sprain/strain with left lower extremity radiculopathy, Facet joint osteoarthritis, Disk bulge, L4 to L5, intervertebral stenosis at L4 to S1 and Status post right knee scope with residual patellofemoral arthralgia. Date of surgery is April 2013. According to progress, report 09/05/2013, the patient presents with tender trigger points of the bilateral paraspinal with spasm, positive straight leg raise, positive Kemp's test, and decreased spine range of motion of the lumbar spine. Patient also has continued complains of right knee pain with residual patellofemoral arthralgia. Progress reports are handwritten and partially illegible. Treatment history includes medications, cortisone injections, physical therapy, rhizotomy, and right knee surgery. Request for authorization from 09/05/2013 requests 6 aquatic therapy sessions for the lumbar spine. Utilization review denied the request on 10/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 AQUATIC THERAPY SESSIONS BETWEEN 9/23/13 AND 11/4/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, Physical Medicine Page(s): 98-99, 22.

Decision rationale: This patient presents with continued low back and right knee pain. The treater states the patient has benefitted from prior aquatic therapy sessions, and has lost approximately 10 pounds over the past couple of months. He goes on to state that patient would benefit from a non-weightbearing environment. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weightbearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file includes progress reports from 05/06/2013 and 09/05/2013 does not indicate how many prior aquatic treatments the patient has received. The treater states, due to flareup he is requesting 6 sessions as the patient requires non-weight bearing exercises due to his right knee symptoms and weight. There is no indication the patient has aquatic therapy sessions in the last 5 months and given patient's weight-bearing restrictions and weight which exceeds 210 pounds, a short course of 6 aquatic therapy sessions may be warranted. Recommendation is for approval.