

Case Number:	CM14-0106136		
Date Assigned:	07/30/2014	Date of Injury:	06/29/2009
Decision Date:	12/12/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/09/2014

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 Pain Medicine 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:

This is a patient with a date of injury of June 29, 2009. A utilization review determination dated June 6, 2014 recommends noncertification of aquatic therapy for the lumbar spine and knee. A functional capacity evaluation dated January 21, 2014 states that the patient is capable of working in a medium strength category and able to lift 20 pounds and carry 17 pounds. A progress report dated May 12, 2014 identifies subjective complaints of lower back pain and knee pain. Objective examination findings revealed decreased range of motion in the lumbar spine with decreased sensation in the left L4 distribution. Strength is normal in the lower extremities. Diagnoses include lumbar strain with disc bulge at L5-S1, left knee meniscal tear, and left knee partial ACL tear. The treatment plan recommends aquatic therapy for the patient's low back and knees 2 times a week for 4 weeks to try to regain strength and allow the patient to have less restrictions and possibly return to work with full duty. The treatment plan also recommends a topical compound cream and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR LUMBAR SPINE & LEFT KNEE 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Knee & Leg Chapter, Aquatic Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.