MAXIMUS Federal Services

Case Number:	CM14-0114502		
Date Assigned:	08/04/2014	Date of Injury:	06/06/2010
Decision Date:	10/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pain Management 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 injured worker is a 54-year-old male who sustained work-related injuries on June 6, 2010 while performing his usual and customary duties as a warehouse assistant for Target. He is status post left knee arthroscopic surgery performed last January 24, 2013 for an oblique tear of the posterior horn of the medial meniscus and lumbar spine surgery performed last October 17, 2013. Computerized tomography scan of the lumbar spine without contrast dated January 31, 2014 demonstrated findings of postero-lateral and interbody fusion at L4 through S1 with bilateral pedicle screws in normal position, and bilateral laminectomy at L4 and extensive removal of all posterior elements at L5. Also noted in the computerized tomography scan was that the left postero-lateral fusion is incomplete without evidence of solid fusion on the right. On May 6, 2014, the injured worker presented complaints of neck pain radiating to the bilateral upper extremities and headaches, and back pain radiating to the left lower extremity. He was noted to utilize a walker when ambulating. Physical exam was significant for tenderness over the lumbar paravertebral musculature and sciatic notch region, including trigger points and taut bands. Lumbar spine ranges of motion were decreased in all planes. Left ankle flexion and extension and great toe extension motor testing were decreased at 4/5. Left Achilles tendon reflex was absent. Straight leg raise test in sitting position was positive on the left. Left knee intra-articular injection was provided, which provided immediate pain relief and improved ambulation. The injured worker followed up on May 23, 2014 for continued low back and left knee pain. Lumbar spine exam showed tenderness and spasms over the paravertebral muscles and restricted ranges of motion in all planes. Left knee exam showed 4/5 muscle strength during flexion and extension, with decreased range of motion during flexion. Aquatic therapy three times a week for four weeks for the left knee and lumbar spine was requested. Re-evaluation report on June 16, 2014 had missing pages for examination findings for the lumbar spine. As per

available information, the injured worker continues to complain of low back and left knee pain. He was observed to ambulate with a walker and has an antalgic favoring the left lower extremity. Available exam findings showed that the left Achilles tendon reflex was absent and motor testing for the left ankle flexion and extension and great toe extension were 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 x 4 Left Knee and Lumbar Spine: Upheld

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

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

Decision rationale: The Chronic Pain Medical 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. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Based from the medical records submitted, the injured worker is noted to have participated in physical therapy sessions and home exercises following lumbar spine surgery. However, there were no physical therapy progress notes included in the records for review nor was there any mention how many sessions did the injured worker participated in. The available medical records do not mention or outline the injured worker's response to these therapy sessions to clarify intolerance to a land-based physical therapy program. Additionally, the request for 12 aquatic therapy sessions exceeds the guideline-recommended number of visits of 8 to 10 sessions for workers with radiculitis. Therefore, it can be concluded that the aqua therapy 3 times a week for 4 weeks for the left knee and lumbar spine is not medically necessary at this time.