

Case Number:	CM14-0120452		
Date Assigned:	08/06/2014	Date of Injury:	10/21/2010
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 49 year-old male who sustained an injury on 10/21/10. On 07/08/14, he complained of bilateral low back pain and right knee pain. A 05/12/14 report indicates that the pain was rated as 7-9/10. On exam, there was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints. Lumbar and knee range of motion were restricted by pain in all directions. The right knee clicking was positive and lumbar extension was worse than lumbar flexion. Left sacroiliac provocative maneuvers including Gaenslen's, Patrick's maneuver, sacroiliac compression, and tenderness at the left sacral sulcus were positive. An electromyography/nerve conduction velocity was done on 03/11/14. Magnetic resonance imaging of the lumbar spine was done on 06/07/1. It revealed annular fissure with very small shallow broad based disc protrusion at L4-L5 and bilateral bulging disc margins at L4-5 along with congenital short pedicle results in foraminal stenosis at L4-L5 of a moderate degree. He had right knee surgeries on 02/03/11 and 01/16/12. His current medications include Ultracet and Naprelan. His diagnoses include left sacroiliac joint pain, myofascial pain, lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, central disc bulge at L4-L5 and L5-S1, mild to moderate bilateral L4 neural foraminal stenosis, lumbar sprain/strain, right knee internal derangement, and status post right knee surgery. He had lumbar medial branch blocks injections, epidural shots, and physical therapy in the past. The request for aquatic therapy/exercises was denied on 07/22/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic therapy sessions 2 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable, such as for extreme obesity. In this case, there is no indication the worker requires reduced weight-bearing. In addition, the injured worker has received an unspecified number of physical therapy. At this juncture, he should be well versed in an independent home exercise program, which he can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. Therefore, the medical necessity of the request is not established per guidelines.