

Case Number:	CM14-0132994		
Date Assigned:	10/13/2014	Date of Injury:	08/26/2009
Decision Date:	11/12/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational 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:

According to the records made available for review, this is a 60-year-old male with an 8/26/09 date of injury. At the time (7/21/14) of request for authorization for pool therapy, three times a week for four weeks for the lumbar and lower extremity, there is documentation of subjective (pain and weakness of the lower extremity) and objective (tenderness to palpitation over the medial joint line of the knee and decreased motor strength of the lower extremities) findings. The current diagnoses are left knee pain, left foot pain, left hip pain, low back pain, gait disturbances, and status post left knee meniscus repair. The treatment to date includes physical therapy and medications. There is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, three times a week for four weeks for the lumbar and lower extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Knee & Leg, Aquatic therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Official Disability Guidelines identifies visits for up to 12 visits over 8 weeks in the management of sprains and strain of the knee and leg and up to 10 visits over 8 weeks in the management of lumbar sprain and strain. Within the medical information available for review, there is documentation of diagnoses of left knee pain, left foot pain, left hip pain, low back pain, gait disturbances, and status post left knee meniscus repair. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for Pool therapy, three times a week for four weeks for the lumbar and lower extremity is not medically necessary.