

Case Number:	CM14-0150743		
Date Assigned:	09/19/2014	Date of Injury:	01/02/2006
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 78-year-old male who reported an injury on 01/02/2006. The mechanism of injury occurred while attempting to lift cases of water. His diagnoses included lumbar spine pain and bilateral knee pain. The injured worker's past treatments included a cane, acupuncture, chiropractic therapy, a knee brace, physical therapy, work modifications, medications, and an epidural steroid injection of the L5-S1 on 01/10/2014. His diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history includes a left knee surgery on an unspecified date. On a physical therapy note dated 06/23/2014, the injured worker complained of inability to perform activities of daily living secondary to pain. He also reported low back and bilateral knee pain, with decreased range of motion and strength. The injured worker also complained that he had decreased knowledge of the correct position in body mechanics and home exercise program. The physical examination revealed moderate tenderness to touch of the lumbosacral paraspinals. A spine evaluation revealed a normal neurovascular assessment, decreased active range of motion, decreased strength, and tenderness of the lumbar spine and bilateral knees. There was also documentation of pain, which he rated 5-6/10 to the bilateral knees and 8-10/10 for the lumbar spine. The injured worker's medications included Hydrocodone 5/500 mg, Tramadol 50 mg, Lidoderm patches, Ketoprofen cream, Tagamet 800 mg, Atenolol 25 mg, and Depakote 750 mg. The treatment plan consisted of an authorization for a cardiology consult, a neurological consult, and aquatic physical therapy for the lumbar spine and both knees 2 times a week for 6 weeks. A request was received for aquatic physical therapy for the lumbar spine and both knees 2 times a week for 6 weeks. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy for the lumbar spine and both knees, 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: The request for aquatic physical therapy for the lumbar spine and both knees, 2 times a week for 6 weeks is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an alternative form of exercise therapy when compared to land based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend physical medicine for restoring flexibility, strength, endurance, function, range of motion, and the alleviation of discomfort. For the indication of myalgia and myositis, the guidelines recommend 9-10 visits over 8 weeks. Based on the clinical notes, the injured worker had complaints of low back and bilateral knee pain. However, the clinical notes did not clearly indicate which forms of therapy were used in the past and if any of these treatments were effective. Since the initial injury approximately 8 years ago; it is reasonable to say that he has had some form of conservative care prior to this request. Also, there is lack of evidence that he failed the use of first line treatment options to warrant the use of aquatic therapy. Additionally, the lack of clinical documentation indicating past treatments does not allow for a clinically evidence based decision for the necessity of the aquatic therapy. Therefore, due to lack of documentation indicating failure or progress with previous therapies and lack of quantitative range of motion data that would indicate the need for therapy, the request is not supported. Thus, the request for Aquatic physical therapy for the lumbar spine and both knees, 2 times a week for 6 weeks is not medically necessary.