

Case Number:	CM14-0162966		
Date Assigned:	10/13/2014	Date of Injury:	02/17/2006
Decision Date:	11/12/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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 & 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:

The injured worker is a 53-year-old female who sustained an injury on 02/17/05. As per 9/12/14 report, she presented with persistent left arm and knee pain associated with weakness. Examination revealed there was substantial improvement in left upper extremity hyperalgesia and there was residual weakness and hypoesthesia in the ulnar nerve distribution, her gait was antalgic and left-leg guarded with left knee joint tenderness and decreased effusion. MRI of the lumbar spine from 12/12/13 revealed 4mm disc protrusion with bilateral foraminal narrowing and impingement on the exiting nerve roots bilaterally at L4-L5 and 2-3 mm disc protrusions with foraminal n narrowing and impingement on the exiting nerve roots at L1-L2, L3-L4 and L5-S1. MRI of the left knee revealed tear of the posterior horn of the medial menisci, minimally discoid meniscus with mild grade I degenerative signal in the rest of the menisci, joint effusion in the suprapatellar bursa, chondromalacia patella with osteoarthritic changes of the knee, partial tear of the popliteal tendon near the site of insertion with fluid around the tendon. Electrodiagnostic studies showed left ulnar sensory neuropathy. Past surgeries have included left ulnar nerve transposition, left knee arthroscopy and failed spinal cord stimulation. She is currently on Cymbalta, Lyrica and Ultram. Previous treatments have included left knee steroid injection, left knee Synvisc injection, physical therapy and medications. Aquatic therapy helped her previously. Diagnoses include Post-traumatic left ulnar neuropathy, left upper extremity complex regional pain syndrome, improved, left knee internal derangement. The request for 12 aquatic therapy sessions was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

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

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

Decision rationale: As per CA MTUS 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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Guidelines recommend 3-4 visits per week with documented evidence of functional improvement in the first two weeks for additional visits. In this case, the records do not show that the IW is morbidly obese. There is no mention of any specific indication for aquatic therapy versus land therapy. Furthermore, the requested number of aquatic therapy exceeds the recommendation guidelines (initially 6-8 visits). Thus, the request is not medically necessary.