

Case Number:	CM14-0214116		
Date Assigned:	12/31/2014	Date of Injury:	05/16/2014
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 62-year-old male with an injury date of 05/16/14. Based on the 12/02/14 progress report provided by treating physician, the patient complains of low back and left knee pain. The patient received medications, standardized physical therapy which reportedly “did not help at all” as well as seven acupuncture therapy sessions. The patient is 5’9 and weighs 185 pounds. Physical examination revealed range of motion of thoracolumbar spine as severely limited; forward flexion of approximately 20 degrees and extension of 5 to 10 degrees. Examination of left knee disclosed tenderness over the medial and lateral joint lines. There are no records of previous aqua therapy. Per 12/02/14 progress report, treater states: “he could benefit from a course of aquatic therapy for his knee and back simultaneously, as he can strengthen without placing a lot of stresses across these segments.” The patient is currently working on modified capacity. Lumbar MRI scan 09/03/14-Degeneration desiccation at L2-L3 and L4-L5-Small radial tear at L4-L5Diagnosis 12/02/14-Lumbosacral strain superimposed upon lumbar degenerative disc disease at L2-L3, L3-L4, L4-L5, and annular tear at L4-L5, persistence of axial low back pain in the absence of concrete radiculopathy- Left knee strain, superimposed on early osteoarthritis with remote possibly of a meniscal tear The utilization review determination being challenged is dated 12/12/14. The rationale is “no clinical information about the patient.” Treatment reports were provided from 06/10/14 - 12/02/14. The utilization review determination being challenged is dated 12/12/14. The rationale is “ no clinical information about the patient.” Treatment reports were provided from 06/10/14 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the low back x 8: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical therapy guidelines (lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chronic medical treatment, aquatic therapy Page(s): 98-99, 22.

Decision rationale: The patient presents with low back and left knee pain. The request is for Aqua therapy 2x4 for low back. The patient has received medications, standardized physical therapy (which reportedly did not help at all), as well as seven acupuncture therapy sessions. The patient is 5'9" and weighs 185 pounds. Patient's diagnosis on 12/02/14 included-Lumbosacral strain superimposed upon lumbar degenerative disc disease at L2-L3, L3-L4, L4-L5, and annular tear at L4-L5, persistence of axial low back pain in the absence of concrete radiculopathy. The patient is currently working on modified capacity. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines state: Aquatic therapy: 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. For recommendations on the number of supervised visits, see Physical medicine. MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per 12/02/14 progress report, treating physician states: "he could benefit from a course of aquatic therapy for his knee and back simultaneously, as he can strengthen without placing a lot of stresses across these segments." Aquatic therapy is indicated, per MTUS guidelines, for patients whose weight makes land-based physical therapy too uncomfortable. In this case, the patient is considered overweight; a calculated BMI of 27.3, but not obese. The standardized physical therapy was reportedly not helpful. In reviewing the medial records, it appears that the patient has had no prior aqua therapy. The number of aquatic therapy sessions requested is also compliant with the number recommended by the MTUS guidelines. Given the patient's persistent symptoms and knee conditions that may benefit from starting with weight reduced exercises, the requested aquatic therapy is reasonable. Therefore, this request is medically necessary.