MAXIMUS Federal Services

Case Number:	CM15-0013071		
Date Assigned:	01/30/2015	Date of Injury:	06/12/2012
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 06/12/2012 after a fall. The injured worker's treatment history included multiple surgical interventions, physical therapy and postoperative physical therapy. The injured worker was evaluated on 12/11/2014. It was documented that the injured worker complained of low back pain. Physical evaluation revealed no deficits in ambulation. The injured worker had restricted range of motion secondary to pain of the lumbar spine. The injured worker's diagnoses included acute low back pain, history of spine surgery and L4-5 fusion with pedicle screws. The injured worker's treatment plan included aquatic therapy. It was noted that the injured worker did not receive significant long term improvement from land based therapy. No Request for Authorization form was submitted to support the request. The injured worker was also re-evaluated on 12/04/2014. It was documented that the injured worker had significant left knee pain, rated at a 9/10, and right knee pain, rated at a 10/10. It was noted that the injured worker had a slow guarded gait with very limited range of motion of the right knee and tenderness to palpation of the right knee. The injured worker's diagnoses at that appointment included status post surgical intervention to the lumbar spine, left knee internal derangement and bursitis of the left hip. A request was made for 12 aquatic therapy sessions for the right knee. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua therapy session for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a nonweight bearing environment to assist in participation of active therapy. The clinical documentation submitted for review does indicate that the injured worker had significant pain complaints of the lower extremities. However, there is no documentation that the injured worker requires a nonweight bearing environment over land based physical therapy. Additionally, California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy for chronic pain. The request exceeds this recommendation. There are no exceptional factors noted to support extended treatment beyond guideline recommendations. As such, the requested 12 aqua therapy session for the right knee is not medically necessary or appropriate.