MAXIMUS Federal Services

Case Number:	CM15-0121717		
Date Assigned:	07/02/2015	Date of Injury:	12/11/2013
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 12/11/13. Initial complaints were of his lower back, bilateral hips and bilateral knees. The injured worker was diagnosed as having thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; right lower extremity radiculitis; bilateral hip sprain with resultant greater trochanteric bursitis; severe degenerative joint disease right hip; moderate degenerative joint disease left hip; bilateral knee sprain with resultant patellofemoral arthralgia. Treatment to date has included medications. Diagnostic Studies included x-rays lumbar spine (5/13/15); x-rays bilateral hips (5/13/15; x-rays bilateral knees (5/13/15). Currently, the PR-2 notes dated 5/13/15 indicated the injured worker presents for an initial orthopedic evaluation involving his lower back and both knees. He is requesting a change in primary treating physician and treatment of care involving the lumbar spine, bilateral hips and both knees. His complains are lower back pain with radiating pain to the right lower extremity, bilateral hip pain with the right greater than the left and bilateral knee pain with the left greater than the right. On physical examination the provider documents the injured worker is hypertensive (156/110). On physical examination the provider notes tenderness to palpation with associated slight muscle guarding and spams over the thoracic paravertebral musculature. There is tenderness to further palpation and associated slight to moderate muscle guarding and spam over the lumbar para vertebral musculature and lumbosacral junction. Straight leg raising test in both seated and supine position on the right elicits increased right-sided mid and lower back pain with radiating pain extending to the right lower extremity/foot. Straight leg raising test on the left also produces pain on the right side of the lumbar spine, however, absent radiating pain of the left

lower extremity. Range of motion testing is valid. The bilateral hip exam notes tenderness to palpation over the greater trochanteric regions and anterior hip capsules right greater than left. Patrick's Fabere's test elicits complaints of pain over the anterior hip capsules of both hips with right greater than left. Bilateral knee examination reveals faint portal surgical scars with history of prior arthroscopic surgery. There is tenderness over the medial joint lines and over the lateral joint lines and peripatellar regions left greater than right. Passive ranging of both knees reveals patellofemoral crepitus left greater than right. There is a positive compression and grind test with retropatellar pain. McMurray's click test is negative, reproducing pain in the medial joint lines. Sensation to pinprick and light touch is decreased in the right lower extremity in the L5 and S1 nerve root distribution with no sensory defect in the left. The motor testing of both extremities reveal 4/5 weakness bilaterally. X-rays on this date of the lumbar spine reveal moderate decreased dis height at L5-S1 with mild spondylosis at L3, L4 and L5. Bilateral hip x-rays on this date reveal moderate to severe degenerative joint disease. Bilateral knee x-rays medial joint space changes otherwise bone density, soft tissue and cartilages are unremarkable. The provider's treatment plan included a request for authorization of pool therapy 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury of 2013. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach

those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Pool therapy 2 x 4 is not medically necessary and appropriate.