

Case Number:	CM15-0179714		
Date Assigned:	09/21/2015	Date of Injury:	01/04/2015
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

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 22 year old male, who sustained an industrial-work injury on 1-4-15. He reported initial complaints of back and right knee pain. The injured worker was diagnosed as having lumbar sprain-strain, knee sprain-strain, enthesopathy of knee, and internal derangement medial meniscus of the knee. Treatment to date has included medication, prior aquatic sessions (8), and diagnostics. MRI results were reported on 6-17-15 to demonstrate a 6-7 mm herniated disc at L5-S1 with protrusion more towards the right than the left and no underlying arthritis changes. The right knee showed possible strain with a tear of the medial and lateral meniscus in underlying pathology. Currently, the injured worker complains of right knee pain and lumbar spine pain. Per the orthopedic quality medical examination report on 6-10-15, exam noted no significant changes from last visit. The lumbar spine was getting worse and exam noted tenderness to palpation and spasm. The right knee had tenderness to palpation and spasm, decrease in strength. Analgesic ointments and pain medication provide temporary relief. Current plan of care includes aquatic therapy to improve strength and range of motion along with decreasing pain. The Request for Authorization date was 8-21-15 and requested service to include Aqua therapy 2 times a week for 4 weeks to right knee and lumbar spine. The Utilization Review on 8-28-15 denied the request due to lack of documentation regarding ability for land based exercising or obesity that requires reduced weight bearing, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 4 weeks to right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

Decision rationale: The claimant sustained a work injury in January 2015 when he fell backwards while using a leaf blower. He developed severe right knee swelling. When seen in June 2015 he was having low back and right knee pain. He had gained 30 pounds and his BMI was 35.5. An MRI of the right knee on 06/18/15 showed findings of possible medial and lateral meniscus tears. In July 2015 eight sessions of aquatic therapy were requested. When this request was made, his progress with the Aqua therapy treatments was reviewed. He had been attending treatments two times per week. He had ongoing restrictions and range of motion and had ongoing weakness. An additional eight aquatic therapy treatment sessions were requested. A trial of aquatic therapy is recommended for patients who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese. However, he had not failed conventional land-based physical therapy treatments and a trial of pool therapy was not medically necessary. Additionally, in terms of physical therapy for the claimant's condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The number of additional visits being requested is in excess of that recommended and is not medically necessary.