MAXIMUS Federal Services

Case Number:	CM15-0061142		
Date Assigned:	04/07/2015	Date of Injury:	09/05/2014
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/31/2015

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 39 year old male, who sustained an industrial injury on September 5, 2014. The injured worker had reported back, right knee and lower extremity pain. The diagnoses have included right knee sprain/strain, lumbar sprain/strain with radiculopathy, left shoulder impingement, left carpal tunnel syndrome and left wrist sprain/strain. Treatment to date has included medications, radiological studies, aquatic therapy, knee brace, a transcutaneous electrical nerve stimulation unit and physical therapy. Current documentation dated February 20, 2015 notes that the injured worker reported severe low back pain, right knee pain and depression. Physical examination of the lumbar spine revealed a slow guarded gait, spasms of the paravertebral muscles and a tender and painful range of motion. A straight leg raise test was positive on the right side. A Kemp's test was positive bilaterally. Examination of the right knee revealed tenderness to palpation of the anterior, lateral and medial knee and a positive McMurray's test. The documentation notes that the injured worker reported that aquatic therapy had increased his spasms of the lumbar spine. The treating physician's plan of care included a request for twelve additional pool/aquatic therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/aquatherapy for the lumbar spine: Upheld

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

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. 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 work 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 9-10 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/aqua therapy for the lumbar spine is not medically necessary and appropriate.