

Case Number:	CM15-0068980		
Date Assigned:	04/16/2015	Date of Injury:	09/13/2007
Decision Date:	05/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/12/2015

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, 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 54 year old male who sustained an industrial injury on 09/13/2007. Current diagnoses include musculigamentous sprain of the lumbar spine with left lower extremity radiculitis, disc bulges, tear medial and lateral meniscus left knee, chondromalacia medial femoral condyle and patella left knee, status post arthroscopy left knee with partial medial and lateral meniscectomy, disc osteophyte complexes, and bilateral L5-S1 radiculopathy. Previous treatments included medication management, aqua therapy, left knee surgery, and acupuncture. Previous diagnostic studies included an MRI. Report dated 03/03/2015 noted that the injured worker presented with complaints that included low back pain with radiation to both legs, left knee pain, popping, clicking, and giving out. Pain level was rated as 4-5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for medications, acupuncture and massage therapy, aquatherapy, awaiting authorization for [REDACTED] weight loss program, referral for treatment of hernia, lumbar support, continue use of knee brace, awaiting pads for electrical stimulation unit, discussed treatment options which include laminectomy and discectomy and left total knee replacement, and an injection was given in the upper arm and upper buttock are. Disputed treatments include aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy: 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), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Finally, guidelines do not support the open ended application of aquatic therapy, as requested here. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.