

Case Number:	CM15-0099621		
Date Assigned:	06/02/2015	Date of Injury:	07/16/1999
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 70-year-old female who sustained an industrial injury on 07/16/1999 while changing a light bulb. The injured worker was diagnosed with lumbago, lumbosacral neuritis, lumbar spondylolisthesis with spinal stenosis and chronic neck and low back pain. Treatment to date includes diagnostic testing, surgery, physical therapy, aquatic therapy (16 sessions completed), recent steroid injection to left knee on March 24, 2015 and medications. The injured worker underwent right total knee replacement in March 2011, right shoulder rotator cuff repair in October 2009 and left carpal tunnel release in March 2007. According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience low back pain with radicular symptoms down both thighs to the knees, the left thigh greater than the right. On March 24, 2015, the injured worker reported severe pain along the medial compartment of the left knee and received a Depo-Medrol and Kenalog injection. Examination of the lumbar spine demonstrated increased tenderness to the paraspinal muscles and decreased range of motion in all planes. The injured worker ambulates with a walking device favoring the knee and back. She is currently in land and water physical therapy for the knee. Current medications are listed as Norco, Lyrica and Colace. Treatment plan consists of a lumbar brace; continue with physical therapy on the knee, physical therapy for the lumbar spine, medication regimen and the current request for additional aquatic therapy times eight (8) sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy times eight (8) sessions to the left knee (sixteen (16) physical therapy (PT) to date): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for additional 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 documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. 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. In the absence of clarity regarding those issues, the currently requested additional aquatic therapy is not medically necessary.