

Case Number:	CM14-0139096		
Date Assigned:	08/29/2014	Date of Injury:	06/30/2009
Decision Date:	11/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with date of injury of June 30, 2009. A utilization review determination dated August 5, 2014 recommends non-certification of aquatic therapy three times the week for four weeks for 12 sessions. A progress note dated July 1, 2014 identifies subjective complaints of relief of radiculopathy by 80% following a lumbar epidural steroid injection, new average pain level is now mild pain, the patient rates her pain at a 3-4/10, her pain increases with standing and sitting to a 7/10. The patient reports continued daily left knee pain and weakness, at its worst the pain increases to 7 out of 10, and the patient has occasional instability/giving way with stair/step claiming. Physical examination identifies a positive straight leg raise on the left, lumbar range of motion with flexion at 30, and left knee range of motion with flexion at 110. The patient's BMI is 49.4. The diagnoses include left hip bursitis/mild degenerative changes, lumbar sprain/strain, status post left knee scope, TMJ, and the remaining diagnoses are illegible. The treatment plan recommends that the patient proceed with scheduled second LESI through pain management provider, request authorization for resistance chair exercises, consultation for weight loss program, evaluation for left big toe to reconsider treatment options, the patient is scheduled for a podiatrist consult, and the patient is scheduled for an evaluation with a dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; three (3) times a week for four (4) weeks, twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298, 340, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy; Knee & Leg Chapter, Aquatic Therapy

Decision rationale: Regarding the request for aquatic therapy 3 times a week for 4 weeks for 12 sessions, 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, the patient is classified morbidly obese with a BMI of 49.4. However, the current number of visits being requested exceeds the maximum visits recommended by guidelines for a trial. Furthermore, it is unspecified if or how many physical/aquatic therapy sessions the patient has undergone in the past and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, 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 aquatic therapy 3 times a week for 4 weeks for 12 sessions is not medically necessary.