

Case Number:	CM14-0142397		
Date Assigned:	09/10/2014	Date of Injury:	12/03/2004
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation 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 66 year-old Electronic Assembler sustained an injury on 12/3/2004 while employed by [REDACTED]. Request(s) under consideration include Aquatic Therapy 12 visits left knee and low back. Diagnoses include Chondromalacia of the Patella; lumbar intervertebral disc displacement without myelopathy/ lumbago/ sciatica. Conservative care has included medications, acupuncture, physical therapy, and modified activities/rest. Report of 8/29/14 from the provider noted the patient with chronic ongoing persistent back and knee pain increased with activities. Exam showed non-antalgic gait; lumbar spine with tenderness at lumbosacral junction; limited range; decreased sensation diffusely in bilateral lower extremities; motor strength of 5/5 in bilateral legs; DTRs 2+ bilaterally with negative SLR; left knee with tenderness over medial left knee without erythema; range decreased by 10% flexion; negative anterior/posterior drawer test and negative lateral/medial collateral ligament stress tests; mild crepitus and grinding with range. The patient reported aquatic therapy previous was beneficial to her with treatment requested for 12 additional sessions. The patient does not wish to have any invasive procedures. The request(s) for Aquatic Therapy 12 visits left knee and low back was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 visits left knee and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 66 year-old Electronic Assembler sustained an injury on 12/3/2004 while employed by [REDACTED]. Request(s) under consideration include Aquatic Therapy 12 visits left knee and low back. Diagnoses include Chondromalacia of the Patella; lumbar intervertebral disc displacement without myelopathy/ lumbago/ sciatica. Conservative care has included medications, acupuncture, physical therapy, and modified activities/rest. Report of 8/29/14 from the provider noted the patient with chronic ongoing persistent back and knee pain increased with activities. Exam showed non-antalgic gait; lumbar spine with tenderness at lumbosacral junction; limited range; decreased sensation diffusely in bilateral lower extremities; motor strength of 5/5 in bilateral legs; DTRs 2+ bilaterally with negative SLR; left knee with tenderness over medial left knee without erythema; range decreased by 10% flexion; negative anterior/posterior drawer test and negative lateral/medial collateral ligament stress tests; mild crepitus and grinding with range. The patient reported aquatic therapy previous was beneficial to her with treatment requested for 12 additional sessions. The patient does not wish to have any invasive procedures. The request(s) for Aquatic Therapy 12 visits left knee and low back was non-certified on 8/22/14. 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.