

Case Number:	CM14-0145865		
Date Assigned:	09/12/2014	Date of Injury:	07/03/2011
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Interventional Spine, 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:

The patient is a 50-year-old female with an injury date of 07/03/2011. Based on the 06/24/2014 progress report, the patient has lumbar spine pain and is 4 months post right knee arthroscopy. She currently ambulates with a cane. There are 2 arthroscopic portals in the right knee and the patient has swelling in the right knee as well as decreased range of motion. The left knee has tenderness to palpation over the medial and lateral joint line bilaterally and a positive McMurray's test. In regards to the lumbar spine, there is tenderness to palpation felt with significant guarding of the paralumbar muscles, left greater than right. The patient has a positive straight leg raise test with pain in her lower back. There is decreased sensation along the left L5-S1 dermatome distribution. The patient's diagnoses include the following: lumbar intervertebral disk disorder; lumbar facet syndrome; axial low back pain; right knee arthroscopy, postoperative 3 months; and left knee internal derangement. The utilization review determination being challenged is dated 08/22/2014. Treatment reports were provided from 02/13/2014 - 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for 3 weeks for treatment of the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to the 06/24/2014 progress report, the patient complains of having lumbar spine pain, right knee pain, and left knee pain. The request is for aquatic therapy 2 x 3 for treatment to the lumbar spine and bilateral knees. MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Aquatic therapy (including swimming) can minimize effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable; for example, extreme obesity. In this case, there is no documentation of extreme obesity or the need for reduced weight bearing. There is no discussion provided as to why the patient needs aquatic therapy and cannot tolerate land-based therapy. The utilization review letter states that the patient has previously had pool therapy which was provided to be "helpful." There is no indication of how many total pool therapy sessions the patient has had nor when these sessions took place. For these reasons, the request is not medically necessary.