

Case Number:	CM13-0003908		
Date Assigned:	08/07/2013	Date of Injury:	04/19/2012
Decision Date:	01/02/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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.

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 underlying date of injury in this case is 04/19/2012. The primary treating diagnosis is internal derangement of the knee. This patient previously had been treated with physical therapy. Initial physician review notes that the patient's physician has reported that the patient required continued aquatic therapy to allow for range of motion and strengthening without weightbearing that the patient needs to lose weight. That review noted that the patient had received more than an adequate amount of physical therapy previously and that the records did not provide a rationale for continuing therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Aquatic Therapy two times a week for eight weeks, left knee:
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 Physical Medicine Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on Physical Medicine, page 99, states "Allow for fading of treatment frequency plus active self-directed home physical medicine." The medical records from the treating provider in this case appear to focus on the benefits of physical activity; however, those records do not clarify why such

physical activity requires additional supervised therapy rather than independent home rehabilitation. Overall, the medical records and guidelines do not provide an indication of the necessity of the requested additional supervised aquatic therapy.