

Case Number:	CM13-0036628		
Date Assigned:	12/13/2013	Date of Injury:	04/03/2012
Decision Date:	05/22/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 42-year-old female who reported an injury on 4/3/12, secondary to a fall. The current diagnoses include status post left knee arthroscopy with patellofemoral arthritis, status post left shoulder arthroscopy, lumbar spine sprain and strain, and cervical spine sprain and strain. The most recent physician progress report submitted for this review is dated 11/26/13. The injured worker reported persistent left elbow pain. Physical examination was not provided. Treatment recommendations included continuation of current medication, an internal medicine consultation, trigger point injections, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT AQUA THERAPY (2) TIMES A WEEK FOR (4) WEEKS- LEFT KNEE, LEFT SHOULDER, NECK AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical

therapy. As per the documentation submitted, there was no evidence of a comprehensive physical examination of the left knee, left shoulder, neck, and lower back. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There is also in indication that this injured worker requires aqua therapy for reduced weight-bearing as opposed to land-based physical therapy. As such, the request is not medically necessary.