

Case Number:	CM13-0036756		
Date Assigned:	12/13/2013	Date of Injury:	02/20/2008
Decision Date:	02/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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. 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 38-year-old female who reported a work related injury on 02/20/2008, specific mechanism of injury not stated. The patient subsequently presented for treatment of the following diagnoses: tarsal tunnel syndrome and mononeuritis. The clinical note dated 12/04/2013 reports the patient presented for treatment of bilateral chondromalacia. The provider, [REDACTED], documented examination of the right knee revealed crepitation through range of motion, significant tenderness over the patella, mild pain at the medial joint line, as well as mild effusion. There was no instability. The provider documented the patient was to continue to utilize a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, 22.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence quantifiable documentation of effectiveness of prior supervised

therapeutic interventions for this patient or when the patient last completed physical therapy interventions. The California MTUS indicates aquatic therapy is recommended as an optional form of exercise therapy where available, as an alternative to land based physical therapy. The California MTUS also indicates to allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all the above, the request for 12 aquatic therapy sessions is not medically necessary or appropriate.