

Case Number:	CM13-0040422		
Date Assigned:	12/20/2013	Date of Injury:	01/13/2012
Decision Date:	03/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice 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. 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 55-year-old female who reported an injury on 01/13/2012, involving the left knee and ankle. The mechanism of injury was not provided. The patient was treated for derangement of the medial meniscus and an ankle sprain. The patient has undergone a 21 month course of treatment for the left knee and ankle, which has included chronic opioid therapy and the use of other medications, physical therapy, acupuncture, a TENS unit and other modalities, including a home exercise program that included stretching and the use of a stationary bicycle. On physical examination on 10/03/2013, objective findings were no abnormalities of the left knee or ankle. Range of motion, strength and stability were within normal limits. Also, no neurological dysfunction was found. The treatment plan called for an aquatic therapy trial times 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy trial one time a week for six weeks to the left knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy 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. The patient reportedly is currently engaged in passive and active conservative treatment with an acupuncture therapist. The documentation provided does not indicate any neurological or functional deficits and the patient has had prior physical therapy; therefore, the request is non-certified.