

Case Number:	CM13-0047552		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2009
Decision Date:	07/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Sports Medicine and is licensed to practice in Arizona. 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 47-year-old male who was injured at work on August 31, 2009. While lifting a pan of parts, he twisted to the left while partially squatting and felt a pain/pop in the right knee. The patient has a history of right knee arthroscopic surgery on November 17, 2009, and subsequent patellofemoral syndrome. The patient also has a history of lumbar disc herniation and back pain. A request was made for 12 aquatic therapy sessions. The records available did not indicate the exact number of previous aquatic therapy sessions attended, and the response.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF AQUATIC THERAPY: Upheld

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

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

Decision rationale: There was no documentation necessitating the requested aquatic therapy. Per MTUS Guidelines, Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing

is desirable, for example extreme obesity. The records available do not indicate the exact number of previous aquatic therapy sessions attended and the response. Medical necessity for the requested service was not established.