

Case Number:	CM13-0053822		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2007
Decision Date:	03/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 57 year old male who reported an injury on 06/05/2007 due to unloading a truck which reportedly caused injury to his right knee. Previously treatments have included meniscectomy in 2008, physical therapy, and corticosteroid injections. The patient's most recent clinical examination findings included poor balance, decreased range of motion of the bilateral knees secondary to pain, and diffuse numbness throughout the right leg. The patient's most recent clinical evaluation does provide evidence that the patient is considered morbidly obese at 338 pounds. The patient's treatment plan included aquatic therapy and initiation of a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine

Decision rationale: The requested pool therapy x12 sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend aquatic therapy for patients who would benefit from a non-weightbearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient is morbidly obese with instability and significant knee pain that would benefit from a non-weightbearing environment. However, Official Disability Guidelines recommend a trial of 6 sessions to establish the efficacy of continued active therapy. The clinical documentation submitted for review does not provide any evidence that the patient has previously undergone this type of therapy. Therefore, an initial trial would be supported. The requested 12 sessions exceeds the Official Disability Guidelines recommendations of 6 sessions. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested pool therapy x 12 sessions is not medically necessary or appropriate.