

Case Number:	CM13-0054724		
Date Assigned:	10/09/2014	Date of Injury:	01/14/2009
Decision Date:	11/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, Pain Medicine 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 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 54-year-old female who reported an injury on 01/14/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral carpal tunnel syndrome, status post right knee medial compartment arthroplasty, right knee pain/instability, depression, and lumbago without radiculopathy. Physical medical treatment consists of surgery, physical therapy, psychotherapy, and medication therapy. Medications consist of Norco and Lyrica. The injured worker underwent x-rays of the right knee which demonstrated normal alignment of the oxford component. It did not look like there was any evidence of loosening of the oxford component. On 10/03/2014, the injured worker complained of right knee pain. Examination of the right knee revealed that there was a well healed incision at the anterior aspect of the knee, slight effusion, and pain with direct palpation along the insertion site of the LCL (lateral collateral ligament). No excessive varus or valgus instability. There was pain with varus strain at the insertion site of the LCL. Range of motion was 5/115 degrees. There was pain and crepitation with palpation at the patella. Also, the injured worker had positive chandelier test with crepitation. Treatment plan is for the injured worker to continue the use of medication and undergo aquatic therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month Aquatic Therapy at [REDACTED] (right knee and low back treatment):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend aggressive conservative therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. The submitted documentation did not indicate how the provider felt the injured worker would benefit from aquatic therapy. Additionally, it is unclear how the injured worker would benefit more from aquatic therapy instead of a land based home exercise program. Furthermore, there were no diagnoses congruent with the above guidelines. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.