

Case Number:	CM13-0072713		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2000
Decision Date:	04/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 patient is a 72 year old female who was injured on 02/11/2000. The mechanism of injury is unknown. Prior treatment history has included: 10/24/2013: Physical therapy 3x per week, pool therapy, and exercises. The patient is status post bilateral knee replacement. There are no diagnostic studies for review. PR2 dated 09/09/2013 documented the patient to have low back pain with tenderness to the lumbar spine. It was also noted to continue pool therapy twice a week for 4 weeks. There is no documentation of onset. Follow up progress report dated 10/24/2013 documented back pain and leg pain with objective findings eligible. It was also noted to continue pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

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

Decision rationale: Per CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based therapy to minimize the effects of

gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Documentation does not support the need for non-weight-bearing exercises. No documentation supporting the patient is obese. Further, the patient has documentation of having received pool therapy without documented functional improvement. Therefore, the medical necessity has not been established.