

Case Number:	CM14-0000157		
Date Assigned:	01/10/2014	Date of Injury:	12/21/2001
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
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 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 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 79 year old female whose date of injury is 12/02/2001. The injured worker tripped and fell over a bench, injuring bilateral knees, stomach and hands. Follow up note dated 11/18/13 indicates that she complains of bilateral knee pain, stiffness and soreness. She reports that she has made some progress with a home exercise program. She states that 8 sessions of aquatic therapy several months ago gave her dramatic relief. Diagnoses are status post bilateral total knee replacement (2008 and 2009), bilateral chronic knee pain and osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EIGHT (8) SESSIONS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment In Workers Compensation, 2013 Web-Based Edition, and CA MTUS Guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sbla5_2.html.

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

Decision rationale: Based on the clinical information provided, the request for aquatic therapy 8 sessions for bilateral knees is not recommended as medically necessary. The injured worker has

undergone extensive therapy to date and should be well-versed in a structured home exercise program. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The Aquatic Therapy is not medically necessary and appropriate.