

Case Number:	CM14-0008991		
Date Assigned:	05/30/2014	Date of Injury:	06/02/2008
Decision Date:	07/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 New York and Texas. 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 44 year old male whose date of injury is 06/02/2008. The injured worker reports that he was struck by a floor sweeping machine that knocked him to the ground landing on his bilateral knees. Treatment to date includes physical therapy, chiropractic treatment, right knee arthroscopy in August 2009, left knee arthroscopy on 10/27/09 and medication management. Follow up note dated indicates that he reports constant pain in both knees. Note dated 12/13/13 indicates that he was recommended for aquatic therapy on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY ON A DAILY BASIS FOR THE BILATERAL KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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 on a daily basis for the bilateral knees is not recommended as medically necessary. CA MTUS guidelines support aquatic therapy when there is a need for reduced weightbearing. The submitted records do not contain a current detailed physical examination to establish why

reduced weightbearing would be desirable for this injured worker. There are no specific, time-limited treatment goals provided. The duration of treatment is not documented. The request is not medically necessary and appropriate.