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| Case Number: | CM14-0101871 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/27/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Occupational 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:

Patient is a 59 year-old male with date of injury 09/27/2012. The medical document associated with the request for authorization, a comprehensive orthopedic re-evaluation, dated 04/15/2014, lists subjective complaints as pain in the right knee. Patient is status post right knee lateral and medial meniscectomy on 03/14/2014. Objective findings: Examination of the right knee was positive for synovitis (2) and effusion (1+). Range of motion was decreased in all planes secondary to pain. Patient walks with a cane and a slight limp. Diagnosis: 1. Cervical strain/sprain 2. Right shoulder post-traumatic arthrosis of the acromioclavicular joint with partial or complete tear of the rotator cuff 3. Right knee medial meniscus tear and lateral meniscus tear plus osteoarthritis of the right knee 4. Anxiety 5. Insomnia 6. Morbid obesity with 120-pound excess 7. Status post arthroscopic subacromial decompression and partial distal claviclectomy and open repair of the rotator cuff 8. Lumbar strain/sprain secondary to bad biomechanics from use of shoulder brace. Patient has completed at least 8 sessions of aquatic therapy and 4 sessions of land therapy as of the request for authorization on 04/15/2014. Comparison of serial examinations show very little change or functional improvement. The physical therapy notes consists only of check marks showing the exercises that the patient had participated in, but no measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times a week for six weeks: 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 9792.20 - 9792.26, Pages 22, 58 Page(s): 22, 58.

Decision rationale: The MTUS states that Aquatic Therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. The request for Aquatic Therapy is not medically necessary.