

Case Number:	CM14-0105141		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2007
Decision Date:	09/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 45-year-old female who has submitted a claim for left knee degenerative changes, chondromalacia, chronic pain syndrome, and bilateral ankle pain associated with an industrial injury date of 11/30/2007. Medical records from 2014 were reviewed. Patient complained of right knee pain associated with locking and giving way sensation. Patient likewise complained of right ankle swelling and pain. Physical examination of the right knee showed swelling, crepitus, positive McMurray's test, and restricted motion. Examination of the right ankle showed swelling, tenderness, but without laxity. Most of the progress reports were handwritten and somewhat illegible. MRI of the right knee showed medial meniscus tear, osteoarthritis, and chondromalacia. Treatment to date has included Achilles tendon repair, Synvisc injection, shockwave therapy, physical therapy, orthotics, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for 3 times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient completed a course of physical therapy previously. However, the exact number of treatment sessions completed and functional outcomes were not documented. There was no data for body mass index and patient had no lower extremity fractures to warrant aquatic therapy. There was no indication why the patient could not participate in a land-based physical therapy program. Moreover, body part to be treated was not specified. Therefore, the request for Aquatic therapy for 3 times a week for four weeks is not medically necessary.