MAXIMUS Federal Services

Case Number:	CM14-0010492		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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 Family Practice and is licensed to practice in Tennesee, California, and Virginia. 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 58 year old female who reported an injury to her knees. A clinical note dated 11/18/13 indicated the injured worker complaining of bilateral knee pain. The injured worker described the pain as a stiff feeling with weakness. The symptoms were exacerbated with prolonged standing and walking. Upon exam the injured worker demonstrated 0-120 degrees of range of motion at both knees with tenderness to palpation at the anterior and lateral at the anterior, lateral, medial, and posterior regions of the knee. McMurray testing caused pain in both knees. A clinical note dated 10/29/13 indicated the injured worker had positive Apley test. The injured worker had completed twelve sessions of physical therapy. A clinical note dated 10/07/13 indicated the injured worker being recommended for additional physical therapy and acupuncture. A clinical note dated 08/23/12 indicated the initial injury occurred on 06/01/11 when she slipped and fell on a wet floor. The utilization review dated 01/07/14 resulted in denial for aquatic therapy as no information was submitted regarding the injured worker's objective functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY FOR TWELVE SESSIONS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy..

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

Decision rationale: The request for aqua therapy for twelve sessions for bilateral knees is not medically necessary. The clinical documentation indicates the injured worker having undergone a course of physical therapy addressing the bilateral knee complaints. Aquatic therapy is indicated for injured workers with ongoing functional deficits likely to benefit from aquatic therapy and unable to perform land based activities. No objective data was submitted regarding the injured worker's response to previously rendered physical therapy. No information was submitted regarding an inability of the injured worker to continue with land based activities. Given this, the request is not indicated as medically necessary.

CARDIO-RESPIRATORY DIAGNOSTIC TESTING (AUTONOMIC FUNCTION ASSESSMENT): CARDIOVAGAL INNERVATION AND HEART RATE VARIABILITY, ADRENERGIC: BEAT TO BEAT BLOOD PRESSURE RESPONSES TO VALSALVA MANEUVER, SUSTAINED HAND GRIP, AND BP AND HR RESPONSES TO ACTIVE STANDING AND EKG; TO BE REPEATED APPROXIMATELY EVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Rick Rockwell. Advantages & Disadvantages of the Cardiorespiratory Endurance Test. Last Updated: Jan 14, 2011. 2.) Charles Olivier, BSca, b, Jean Doré, MDb, Sophie Blanchet, PhDa, b, Dina Brooks, PhD, PTc, Carol L. Richards, PhD, PT, FCAHSa, b, Guy Martel, MSca, Nancy-Michelle Robitaille, MD, CSPQ, MPHa, Désirée B. Maltais, PhD, PT. Archives of Physical Medicine and Rehabilitation. Volume 94, Issue

Decision rationale: According to Rick Rockwell Advantages & Disadvantages of the Cardio-respiratory and Charles Olivier, cited sources, the request would be indicated provided the injured worker meets specific criteria, including the need to assess the injured worker's cardio-respiratory system. No information was submitted regarding any significant cardio-respiratory deficits. Given that no information was submitted regarding any significant deficits associated with cardio-respiratory system this request is not indicated as medically necessary.

CONSULT/EVALUATION FOR SUDTOM FUNCTIONAL ORTHOTICS, CUSTOM MOLDED FUNCTIONAL ORTHOTICS, EXTRACORPOREAL SHOCKWAVE THERAPY, UNNA BOOT, STRAPPING, CASTING AND INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): IME and Consultations, Page 503.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), the request is not medically necessary. No objective data was submitted regarding the need for functional orthotics or the need for extracorporeal shockwave therapy, along with strapping and casting. Given this, the request is not indicated as medically necessary.