

Case Number:	CM14-0010711		
Date Assigned:	02/21/2014	Date of Injury:	11/20/2009
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 26 year old female with a date of injury occurring on 11/20/2009. On 9/5/13, intermittent pain in her lower back, traveling to her right leg, associated with tingling / numbness in her hip to the knee, groin and ankle is noted. The injured has continued complaints of pain in her hip, traveling to the right leg. The injured also has continuous pain in the right knee with episodes of swelling. On exam, the injured has tenderness in the right greater trochanter (hip), superior pole of the right patella and also at pes anserinus bursa. Degree of range of motion is 140 degree flexion. Impression was right greater trochanter bursitis, right knee internal derangement and pes anserinus bursitis. The Cortisone injection in has been complete. The injured has also already completed 24 physical therapy visits for the knee sprain, bursitis and internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE RIGHT KNEE (NO FREQUENCY/DURATION NOTED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: As per the California Medical Treatment Utilization Schedule (CAMTUS) Guidelines, "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity or in osteoarthritis. In this case, there is no indication why this patient is not able to participate in a land-based physical therapy program. Furthermore, the injured worker has already received physical therapy and there is no evidence of any new injury or flare ups. Therefore, the medical necessity of the requested service cannot be established at this time, and thus not medically necessary.