

Case Number:	CM14-0019535		
Date Assigned:	04/23/2014	Date of Injury:	11/20/2006
Decision Date:	07/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/17/2014

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 59 year old female who reported an injury to her low back as well as her right knee on November 20, 2006. The clinical note dated 11/06/13 indicates the injured worker complained of 6-8/10 pain in the low back with radiation of pain to the right lower extremity. The operative report dated 11/08/13 indicates the injured worker having undergone right sided total knee replacement. The injured worker also reported numbness and tingling in the right lower extremity. The injured worker reported 6/10 pain at the right knee with a clicking and stiffness. The note indicates the injured worker utilizing Percocet and Flexeril for ongoing pain relief. The X-rays completed on 11/09/13 revealed the knee prosthesis in place and was well-seated. The clinical note dated 11/18/13 indicates the injured worker demonstrated no drainage or swelling at the knee and had been compliant with all therapies. The clinical note dated 02/03/14 indicates the injured worker rated her right knee pain as 7/10. There is an indication according to the note that the injured worker had previously undergone an arthroplasty on the right in November 2013. The injured worker continued with range of motion deficits at the right knee, measured as -2 to 100 degrees. Strength deficits were also identified with the hip flexors, knee extensors as well as foot evertors and deep peroneals involving the great toe. There is an indication the injured worker has undergone physical therapy in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) AQUATIC THERAPY (3 X 6) SESSIONS FOR THE LUMBAR SPINE AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
AQUATIC THERAPY Page(s): 22.

Decision rationale: The request for eight sessions of aquatic therapy to the lumbar spine and right knee is non-certified. The documentation indicates the injured worker underwent a right knee arthroplasty. Aquatic therapy is indicated for injured workers who are unable to perform land-based activities. No information was submitted regarding the injured worker's inability to perform land-based activities. The clinical notes indicate the injured worker having previously undergone physical therapy. Therefore, the requested eighteen sessions of aquatic therapy is not indicated as medically necessary.