

Case Number:	CM14-0111398		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Illinois. 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 49-year-old female who reported an injury on 08/17/2011. The mechanism of injury was not stated. Current diagnoses include right knee internal derangement, status post right knee arthroscopy in 05/2012, right knee pain, meralgia paresthetica (also known as) lateral cutaneous femoral nerve compression syndrome, right sciatica, and pain related insomnia. The injured worker was evaluated on 05/27/2014 with complaints of pain, swelling, and burning in the left lower extremity. Physical examination was not provided on that date. It was noted that the injured worker was admitted into the emergency room 1 week prior to the current office visit secondary to chest pain, shortness of breath, and swelling in the lower extremities. The injured worker was actively participating in a home exercise program. Treatment recommendations at that time included continuation of the current medication regimen and authorization for aquatic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy for the Right Knee between 6/16/2014 and 7/31/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state, "Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy." There is no mention of a contraindication to land based physical therapy, nor is there any indication that this injured worker requires reduced weight bearing activities. Additionally, the Official Disability Guidelines state, "Physical medicine treatment for pain in the joint or effusion of a joint includes 9 visits over 8 weeks." Therefore, the current request for 12 sessions of aquatic therapy exceeds guideline recommendations. As such, the request is considered not medically necessary.