MAXIMUS Federal Services

Case Number:	CM14-0131501		
Date Assigned:	08/20/2014	Date of Injury:	04/10/2010
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Preventative 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:

This 48 yr. old male claimant sustained a work injury on 4/10/10 involving the neck, low back, knees and wrists. He was diagnosed with cervical pain, lumbago and carpal tunnel syndrome. A progress note on 2/3/14 indicated the claimant had been using Anaprox, Toradol and Zanaflex for the back. H-wave was helping reduce pain. He had left knee pain while walking. He had 9/10 back pain. Exam findings were notable for left knee pain and decreased range of motion. The lumbar spine had crepitus, decreased range of motion and pain. The physician requested aquatic therapy and a back and knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment- left knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, immobilization is recommended only for a short period after an acute injury. Prophylactic braces are not recommended. In this case,

the injury was not recent. The length of brace use was not specified. The knee brace request is not medically necessary.

Aquatic Therapy for thoracic/lumbar/cervical spine and hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: According to the MTUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Number of visits is typically up to 10 visits for myalgia and neuralgia symptoms. The request for aqua therapy does not indicate length of therapy or reason why land based therapy can't be done. As a result the request above is not medically necessary.