

Case Number:	CM14-0134862		
Date Assigned:	08/27/2014	Date of Injury:	08/17/2011
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 is a 32-year-old female with a date of injury of 8/17/11. The mechanism of injury occurred when she was moving a piece of lab equipment (ISS Unit) to the lab for testing in a carpeted hallway up a slight incline and the equipment somehow crushed her legs. On 7/10/14, she was seen for a follow-up of her pain in the right knee, right thigh, right anterior hip, and low back. Also, chronic neck pain, shortness of breath related to history of PE, PTSD, and depression. She has had persistent pain around the right knee all over and worsening right anterior hip pain. Also she was having increasing low back pain. On exam there was some swelling in the right anterior knee and anterolateral ankle. She had decreased range of motion in her hip and tenderness to palpation. The diagnostic impression is intra-articular right medial femoral condyle fracture, right calcaneal fracture, right knee pain, chronic lateral ankle sprain chronic pain, PTSD, severe major depression, and a history of PE with RLL infarct. Treatment to date: surgery, physical therapy, occupational therapy, medication management, cognitive therapy. A UR decision dated 7/21/14 denied the request for Aquatic Therapy. The aquatic therapy was denied because the orthopedic AE did not recommend aquatic therapy treatment in this patient's future medical care, but access to an orthopedic follow-up, anti-inflammatories and non-narcotic analgesic medication. This patient has undergone extensive land based physical therapy and occupational therapy and should be well versed in a home exercise program. This patient is not obese. There would be no need for reduced weight bearing therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 x week x 4 weeks: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines Aqua Therapy, page 22 CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, it was noted that the patient has had extensive land based physical therapy and occupational therapy. The patient is not obese and therefore there is no need for reduced weight bearing therapy. A specific rationale identifying why aquatic therapy would be required in this patient despite lack of guideline support was not identified. Therefore, the request for aquatic therapy 3 x week x 4 weeks was not medically necessary.