MAXIMUS Federal Services

Case Number:	CM14-0135243		
Date Assigned:	08/29/2014	Date of Injury:	04/15/2004
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
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 Physical Medicine and Rehabilitationand 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 54 year old female who sustained work-related injuries on April 15, 2004. Per most recent medical records dated July 2, 2014, the injured worker complained of constant pain in her neck, right shoulder, right wrist and hand, lower back, both hips, both knees, right leg, and left foot. The pain was increased with movements of the arm and neck when lifting, sitting, walking, standing, bending, coughing, and cold and rainy weather. She described tingling, numbness and weakness of the right upper and both lower extremity. Numbness and weakness was reported in the left upper extremity. Swelling was noted in both lower extremities. In both knees, she reported episodes of buckling, giving-way, clicking, locking, and swelling, a loose feeling and going out of place. Increasing bilateral knee pain was noted with weightbearing activities. She also reported right wrist and hand pain increased with writing, making a fist, moving the fist, and lifting activities. She was also having urinary incontinence as well as daily pulsatile headache. Objectively, her current weight was 199 pounds. A right knee examination noted absent patellar on the right and bilaterally absent Achilles reflex. Tenderness was noted on the medial joint line and lateral joint bilaterally. Range of motion was limited bilaterally with pain reported at the extreme flexion of the left. She was diagnosed with (a) status post superficial injury of the right cornea (September 20, 2000); (b) status post bunionectomy and surgery for heel spur, left foot (prior to February 2001); (c) status post arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle (March 5, 2001), associated with traumatic arthritis patellofemoral compartment and medical compartment, left knee; (d) status post ventral hernia repair and partial omentectomy (December 19, 2001); (e) degenerative joint disease, partial anterior cruciate ligament tear with Baker's cyst associated with mild varus instability and mild anterior cruciate instability, right knee; (f) history of neck injury; (g) status post arthroscopic decompression for impingement syndrome, labral tear, and partial superior

glenoid labrum lesions (SLAP) lesion, right shoulder; (h) status post diagnostic laparoscopy and lysis of adhesions; (i) history of diagnosis of rheumatoid arthritis but with normal rheumatoid factor; (j) status post arthroscopic medial meniscectomy, right knee (October 9, 2006); (k) status post right total knee replacement (November 9, 2007); (l) low back pain of the strain/sprain variety associated with first degree spondylolisthesis L5-S1, spinal instability L5-S1 and slight to moderate degenerative changes, L4-L5 and L5-S1; (l) psychiatric diagnosis; (m) status post total knee revision, right knee (March 12, 2009); (n) status post laparoscopic gastric band system placement, Realize Band (December 3, 2009); (o) history of urinary incontinence; (p) history of fibromyalgia; (q) sleep apnea; (r) quadriceps insufficiency secondary to complete disruption of the quadriceps tendon, right knee; (s) electrodiagnostic evidence of chronic pattern on electromyography (EMG) consistent with low-grade right L4-5 lumbar radiculopathy pattern with active or ongoing denervation by electromyography (EMG) in the L4 myotome (December 13, 2011); (t) sprain, right wrist; and (u) status post gastric bypass.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 1 year, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: Evidence-based guidelines indicate that physical treatment modalities including chiropractic, physical, and occupational therapy is warranted to be provisioned with a maximum of 24 sessions given that there is documentation of objective and functional improvements. In this case, the requested aquatic therapy three times per week for one year to the right knee far exceeds the recommended amount of therapies. Therefore, the requested aquatic therapy three times per week for one year to the right knee is not medically necessary.