

Case Number:	CM14-0178059		
Date Assigned:	10/31/2014	Date of Injury:	05/20/2013
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

The applicant is a represented [REDACTED] probation department employee, who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 20, 2013. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for six sessions of aquatic therapy. The claims administrator cited a number of previous Utilization Review denials in its own report. The applicant's attorney subsequently appealed. In an August 30, 2014 medical-legal evaluation, it was acknowledged that the applicant was no longer working as a [REDACTED] probation officer and was, in fact, receiving Workers Compensation indemnity benefits some two to three months removed from earlier knee surgery. Additional therapy was endorsed while the applicant was placed off of work, on total temporary disability by the medical-legal evaluator. The medical-legal evaluator acknowledged that the applicant exhibited a normal heel-to-toe gait with no evidence of antalgia. It was stated that the applicant was able to do home exercises, including walking. The applicant had earlier undergone a left knee arthroscopy, partial synovectomy and chondroplasty, partial lateral meniscectomy surgery on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two or three for six 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 Aquatic Therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it is far from clear that reduced weight bearing is, in fact, desirable. The applicant was described as evincing a normal, non-antalgic gait on a medical-legal evaluation of August 13, 2014, i.e., well before the Utilization Review report of October 8, 2014. It did not appear, thus, that reduced weight bearing is desirable or that the applicant is unable to perform land-based therapy and/or land-based home exercises. Therefore, the request is not medically necessary.