

Case Number:	CM14-0178859		
Date Assigned:	11/03/2014	Date of Injury:	01/13/2014
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 New York and New Jersey. 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 47 year-old female who was injured on 4/21/14 when she slipped back while trying to sit down and hit the back of her head on the ground. She complained of headaches and scalp pain as well as nausea and generalized weakness. She had a normal neurological exam and negative head CT scan. She had an MRI showing some nonspecific white matter lesions that were felt to be unrelated to the head trauma. She was diagnosed with closed head injury, neck muscle strain, and headache. She was treated with physical therapy and medications such as oral steroid, anti-inflammatories, and nortriptyline. The patient also complained of left wrist and left knee pain from an injury that occurred on 2/22/13 when she tripped onto her left knee and left hand. She complained of left knee pain and had swelling. She had an x-ray and MRI of her left knee and left wrist with unknown results. She had arthroscopic knee surgery on 9/19/13. Her diagnosis was status post arthroscopic surgery of the left knee. She was treated with Naproxen and Mirtazipine. She was recommended to do home muscle stretching exercises and aquatic therapy exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Swimming pool exercises 2x 6 weeks for left 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 Page(s): 22.

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient had pain after her arthroscopic surgery. There was no documentation of the post-operative physical therapy received. The majority of the chart focused on her closed head injury. She was recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Aquatic therapy is not medically necessary at this time.