

Case Number:	CM14-0020640		
Date Assigned:	04/30/2014	Date of Injury:	04/30/2010
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 26 year old female with a reported date of injury of 4/30/10. The mechanism of injury is a slip and fall on water in the work place. The injured worker had complaints of pain to right knee and right ankle. The injured worker was treated with Synvisc injections. The injured worker stated there was no improvement with injections. The injured worker had complaints of pain to the back of right knee rated at 5/10; pain gets worse by the end of the day. The injured worker was diagnosed with right osteochondritis dissecans and right knee osteoarthritis. The injured worker had Synvisc injections for the right knee pain, and right ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 3X8: 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 AQUATIC THERAPY Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend pool therapy as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy.

Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. There was a lack of documentation of quantified functional deficits to warrant aquatic therapy. In addition, there was no rationale to support the need for pool therapy over a land based program. As such, the request is not medically necessary.