

Case Number:	CM14-0050074		
Date Assigned:	07/07/2014	Date of Injury:	10/20/2009
Decision Date:	08/11/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 underlying date of injury in this case is 10/20/2009. The primary diagnosis is a knee sprain. Additional diagnoses include bilateral shoulder sprain, lumbosacral sprain with disc protrusions, a status post right knee arthroscopic surgery including extensive synovectomy with debridement and partial medial and lateral meniscectomies of February 2011, and also a chronic left knee sprain with a complex displaced posterior horn lateral and medial meniscus tears. On 01/13/2014, an orthopedic agreeing medical examination report recommended that future treatment include aquatic physical therapy and a 6-month gym membership so that the patient could continue with an independent therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional aquatic therapy (physical therapy) to the lumbar spine, 2 times a week for 6 weeks, as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Aquatic Therapy, page(s) 23, and Section on Physical Medicine Page(s): 23, 99.

Decision rationale: The MTUS Chronic Pain Guidelines states that this is recommended as an optional form of exercise therapy where available as an alternative for land-based therapy. Additionally the MTUS Chronic Pain Guidelines recommends regarding physical medicine, page 99, that the patient should transition to an active independent home rehabilitation program. The MTUS Chronic Pain Guidelines, therefore, do support an ongoing independent home exercise program. Neither the medical records nor the guidelines, however, provide a clear rationale as to why this patient would require aquatic therapy in a gym rather than independent home exercise. Therefore, this request is not medically necessary and appropriate.