

Case Number:	CM14-0066373		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2012
Decision Date:	09/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/09/2014

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 & 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 injured worker is a 62-year-old male who reported a twisting injury on 06/04/2012. On 03/18/2014, he reported having constant pain in his right knee rated at 5/10 but stated that his pain was well controlled with his current medications. His lumbar ranges of motion, measured in degrees were, flexion 90, extension 30, right and left lateral flexion 30, right and left rotation 40. Ranges of motion in his bilateral knees were extension 0 on the right and left, flexion 120 on the right and 130 on the left. He had a positive McMurray's and Apley's test in the right knee. His diagnoses included right knee strain with internal derangement. It was noted that he was scheduled to have surgery on the right knee on 04/15/2014. There was no documentation submitted subsequent to the note of 03/18/2014. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Aqua therapy 2x/wk x 6wks for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Aqua Therapy 2 x WK x 6 Wks Right Knee is non-certified. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Since this injured worker stated that he felt that this pain was being controlled with medications, there is no rationale or justification for requesting aquatic therapy. This injured worker does not have a diagnosis of obesity. Although it was noted that surgery was planned in the future, there was no documentation of the surgery having taken place or any physical therapy needs thereafter. Therefore, the request for Aqua Therapy 2 x WK x 6 Wks Right Knee is not medically necessary.