

Case Number:	CM14-0071158		
Date Assigned:	07/14/2014	Date of Injury:	03/31/2009
Decision Date:	10/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 Interventional Spine 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 patient is a 56 year old male with an injury date on 03/31/2009. Based on the 03/06/2014 progress report provided by [REDACTED] the patient complains of bilateral knee pain. On examination, the patient has well healed arthroscopic portals. The right knee on March 6, 2014 [REDACTED], is requesting for aquatic therapy 2x4. The utilization review determination being challenged is dated 04/17/2014. [REDACTED] is the requesting provider, and [REDACTED] provided two treatment reports from 11/19/2013 and 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy: Page(s): 22.

Decision rationale: According to the 03/06/2014 report by [REDACTED], this patient presents with bilateral knee pain. The treater is requesting for aquatic therapy 2x4. The report with the request was not provided. MTUS guidelines state, "Recommended as an optional form of

exercise therapy, where available, as an alternative to land-based 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." In this case, the treater did not provide any reports indicating why patient cannot tolerate land-based therapy or why reduced weight bearing is desirable and there is no mention of extreme obesity. The treater does not discuss treatment history either to understand how many therapy treatments the patient has had. The request is not medically necessary.