

Case Number:	CM14-0073307		
Date Assigned:	07/16/2014	Date of Injury:	03/24/2011
Decision Date:	08/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Illinois. 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 66-year-old female who reported an injury on 03/24/2011 due to a fall. The injured worker reportedly sustained an injury to her bilateral wrists and bilateral knees. The injured worker's treatment history included physical therapy, chiropractic care and aquatic therapy. The injured worker was evaluated on 03/24/2014. It was documented that the injured worker had significantly limited lumbar range of motion with multiple trigger points in the paraspinal musculature. The injured worker's diagnoses included a lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myospasms, left carpal tunnel syndrome, left wrist sprain/strain, status post-surgical intervention for the wrist, left knee lateral meniscus tear, right knee internal derangement, elevated blood pressure and hypertension. A request was made for an additional 12 visits of aquatic therapy, 6 sessions of LINT therapy, a referral to a cardiorespiratory specialist and follow-up with a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2x6 lumbar, bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

Decision rationale: The requested pool therapy 2 times a week for 6 weeks for the lumbar and bilateral knees is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in aquatic therapy with good results. However, the California Medical Treatment Utilization Schedule recommends that injured workers participate in aquatic therapy when a non-weight bearing environment is required for participation in active therapeutic rehabilitation. The clinical documentation submitted for review does not provide any evidence that the injured worker requires a non-weight bearing environment and is unable to participate in land-based therapy to assist with functional restoration. Therefore, the need for aquatic therapy is not clearly indicated in this clinical situation. As such, the requested pool therapy 2 times a week for 6 weeks for the lumbar spine and bilateral knees is not medically necessary or appropriate.