

Case Number:	CM14-0085737		
Date Assigned:	07/23/2014	Date of Injury:	08/30/2012
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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 58 year old female who sustained an injury on 08/30/12 when she was struck by a door and knocked to the ground. The injured worker has had prior right knee procedures completed in August of 2013 followed by a left knee arthroscopy to include partial meniscectomy on 03/05/14. Following the surgery, the injured worker was referred for physical therapy. As of 05/08/14, the injured worker continued to describe bilateral knee pain with swelling in the left knee. The injured worker was recommended to continue with a transcutaneous electrical nerve stimulation unit and was considered for injections. The injured worker's physical examination findings were limited to vital signs only. The requested aquatic therapy 3 x a week for 4 weeks for the bilateral knees and lumbar spine was not recommended as medically necessary by utilization review on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 times a week for 4 weeks for Bilateral Knees & Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: Per guidelines, aquatic therapy can be considered an option for injured workers who show poor tolerance for land based physical therapy. In this case, the injured worker was referred to physical therapy following a recent left knee arthroscopy and meniscectomy procedure completed in March of 2014. From the clinical documentation submitted for review, there was no indication that the injured worker was unable to tolerate land based physical therapy. In review of the physical therapy reports, there did not appear to be any indications that the injured worker was having difficulty tolerating the proposed physical therapy program. Given the lack of any clinical indications that the injured worker could not tolerate standard land based physical therapy, this request is not medically necessary.