

Case Number:	CM14-0094227		
Date Assigned:	09/12/2014	Date of Injury:	05/08/2012
Decision Date:	10/20/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 57 year-old male who was reportedly injured on May 8, 2012. The most recent progress note dated January 7, 2014, indicates that there were ongoing complaints of right knee pain (8/10), postoperative left knee pain (9/10). The physical examination demonstrated a mild effusion is noted in the right knee with medial joint line tenderness. McMurray's test is positive. A previous physical examination noted the injured employee to be 5 feet, 234 pounds, and normotensive. Diagnostic imaging studies objectified a tear of the medial meniscus in the right knee. Previous treatment includes left knee arthroscopy, epidural steroid injection, multiple medications, physical therapy, and pain management intervention. A request was made for aquatic therapy and was non-certified in the pre-authorization process on May 24 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 78, 93, 98.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy. A review of the records indicates a progress of dated April 29, 2014, a document that was not presented for review. The only progress notes presented are for January 2014. Therefore, there is insufficient clinical information presented support the request or offer at narrative as to why more traditional land-based therapies could not be completed. Therefore, the medical necessity cannot be established.

12 aquatic therapy sessions for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy. A review of the records indicates a progress of dated April 29, 2014, a document that was not presented for review. The only progress notes presented are for January 2014. Therefore, there is insufficient clinical information presented support the request or offer at narrative as to why more traditional land-based therapies could not be completed. Therefore, the medical necessity cannot be established.