

Case Number:	CM14-0094868		
Date Assigned:	07/25/2014	Date of Injury:	06/27/2000
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63 year old female who reported an injury to her right knee, low back 06/27/00. The utilization review dated 05/30/14 resulted in denial for aquatic therapy as insufficient information was submitted regarding the need for aquatic therapy as it appeared the injured worker was able to perform land based activities. A clinical note dated 05/05/14 indicated the injured worker undergoing number of surgical interventions at right knee as a result of twisting type injury when she had a fall. The injured worker underwent extensive physical therapy in the past. Upon exam, the injured worker demonstrated full extension with 30 degrees of flexion. A clinical note dated 06/12/14 indicated the injured worker rating the right knee pain 6-7/10. The injured worker described the pain as sharp sensation with ready note indicating the injured worker utilizing oxycontin for pain relief. A clinical note dated 05/05/14 indicated the injured worker receiving extensive physical therapy over the years addressing the right knee complaints. X-rays revealed no evidence of fracture, dislocation or distal narrow alignment. A clinical note dated 06/26/14 indicated the injured worker complaining of constant dull aching sensation in low back radiating to bilateral lower extremities. The injured worker was recommended for evaluation and treatment involving aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Aquatic Therapy Visit, Evaluation and Treatment- Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical Therapy.

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

Decision rationale: The request for aquatic therapy visit, evaluation, and treatment at the right knee is not medically necessary. The injured worker complained of ongoing right knee pain despite number of surgical interventions. Aquatic therapy is indicated for injured workers who are unable to perform any land based activities. The injured worker underwent extensive physical therapy in the past. No information was submitted regarding inability to perform any land based activities. Given this, the request is not indicated as medically necessary.