

Case Number:	CM14-0095950		
Date Assigned:	07/25/2014	Date of Injury:	12/31/2012
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 67year old male with date of injury 12/31/12 that began as a result of hitting his knee on the bumper of a truck. The treating physician report dated 5/29/14 indicates that the patient presents with pain affecting the thoracic spine, left elbow, bilateral hands, lower back, bilateral knees and bilateral feet. The report states that the patient has not had the aqua therapy and that his pain is somewhat well controlled with medications. The physical examination findings states that the patient is well-developed, well nourished and moves cautiously. Surgical history included right lateral meniscus repair on 6/15/13. The current diagnoses are: 1.Gastritis. 2.Cervical S/S. 3.Lumbar S/S. 4.Elbow, Bilateral wrist, Bilateral knee sprain/strain. 5.Status post right knee arthroscopic surgery. The utilization review report dated 6/20/14 denied the request for 12 pool therapy visits based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Pool Therapy Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 22 on aquatic therapy.

Decision rationale: The patient presents with chronic back pain and right knee pain status post right lateral meniscus repair on 6/15/13. The current request is for 12 pool therapy visits. The treating physician report dated 5/29/14 states; we are waiting for the patient to start aqua therapy at 2x6 weeks. The 4/14/14 report states, we are waiting for the patient to commence the aqua therapy. In reviewing the 194 pages provided for review it appears that the initial request for aquatic therapy was initiated on 11/11/14 which states, "I am going to request aqua therapy 2x6". The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request is not supported as the current request is for 12 sessions, which is beyond the guideline recommendations. The request is not medically necessary.