

Case Number:	CM14-0124725		
Date Assigned:	09/26/2014	Date of Injury:	08/16/2010
Decision Date:	03/26/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 03/22/2002 due to an unspecified mechanism of injury. On 08/20/2014, she presented for a followup evaluation regarding her work related injury. She reported pain in the left knee that was increasing and was noted to be status post left TKA and it was noted that a TKA had been approved. A physical examination showed that she was obese. There was pain in the medial and lateral joint lines with positive crepitus heard in range of motion of the left knee. She was diagnosed with a sprain and strain of an unspecified site of the knee and leg, sprain and strain of the lumbosacral, and sprain and strain of other sites unspecified of the hip and thigh. The treatment plan was for 10 sessions of aqua therapy to the bilateral knees and a consult with a psychologist. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Aqua therapy for Bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM Page 20 Aquatic therapy

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

Decision rationale: The California MTUS Guidelines indicate that aqua therapy is recommended as an option where reduced weightbearing is desirable. The documentation provided does not indicate that the injured worker has a condition where reduced weightbearing would be preferred and there was a lack of evidence showing that she is unable to perform land based therapy. Also, there was a lack of documentation showing that she has any symptoms other than pain, such as functional deficits, to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Consult with Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127 Independent Medical Examiners and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The request for a consult with a psychologist is not supported. The California MTUS Guidelines indicate that psychological consults are considered when there is evidence of severe depression, anxiety, or irritability. The documentation provided does not indicate that the injured worker is showing signs of severe depression, anxiety, or irritability to support the request. Also, a clear rationale was not provided for the medical necessity of a psychological consult. Therefore, the request is not supported. As such, the request is not medically necessary.