

Case Number:	CM14-0183860		
Date Assigned:	11/10/2014	Date of Injury:	01/12/2000
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery 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:

This case involves a 69 year old male with reported industrial injury of 9/10/12. The examination note from 10/2/14 demonstrates complaints of pain in legs and some shortness, chronic venous stasis ulcers, edema and tenderness to palpation over the lower limbs. It is noted that there is hyperpigmentation and varicose veins in the legs. Assessment is made of venous insufficiency, congestive heart failure, stasis dermatitis, coronary artery disease, hypertension, angina and osteoarthritis of the knees. Records demonstrate that prior 12 sessions of aquatic therapy approved in June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 3 for the left knee, left ankle, bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22 recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize

the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the exam notes from 10/2/14 did not demonstrate response to the prior authorized 12 visits of water therapy. Therefore, due to lack of functional improvement being demonstrated, this request is not medically necessary.