

Case Number:	CM14-0199072		
Date Assigned:	12/09/2014	Date of Injury:	02/15/2013
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 52-year-old female with an original industrial injury on February 15, 2013. The injured worker has chronic right knee pain. Conservative therapies have included pain medications, aquatic therapy, and viscosupplementation injections. The injured worker is noted to be morbidly obese and has been trialed on weight loss programs. The disputed request is for additional aquatic therapy x 6 sessions. This was denied in a utilization review determination on November 3, 2014. The rationale for this denial was that there was no documentation of functional improvements with the initial aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic physical therapy 2x3 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy-physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating

factor has been identified in this case. The patient is morbidly obese and has trial weight loss programs as early as 2010. However, the other factor of aquatic therapy is that in order for continuation of further therapies to be warranted, there should be documentation of functional improvement from initial therapy. The patient has had previous aquatherapy in September and October 2014. However there is no clear documentation of a comprehensive summary of functional improvement with prior therapies. Therefore, this request is not medically necessary.