MAXIMUS Federal Services

Case Number:	CM14-0200761		
Date Assigned:	12/11/2014	Date of Injury:	05/22/2014
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

43 yr. old male claimant sustained a cumulative work injury from 1/1/13-6/8/14 involving the left knee and low back. He was diagnosed with chronic S1 radiculopathy. An MRI in June 2014 indicated he had medial degenerative changes in the left knee with a tear of the posterior horn of the medial meniscus. He had undergone physical therapy and knee steroid injections. A progress note on 9/17/14 indicated the claimant had an antalgic gait. There was lumbar spine paravertebral spine tenderness. There was a positive McMurray's maneuver on the left knee and decreased sensation in the left leg. The physician requested 6 additional physical therapy visits and electrodiagnostic studies. He was treated with Naprosyn, Norco and Protonix. He was scheduled for arthroscopic knee surgery on 10/22/14 and a request was made for an aquarelief system and post-op knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat and Knee Pain

Decision rationale: An aqua relief system delivers hot water therapy to improve blood flow and reduced pain in joints. According to the guidelines, the patient had no improvement on edema vs cold packs. In this case, the length of intervention was not specified. The post-operative outcome and necessity for aqua relief were not noted. The request for an aqua relief system is not medical necessary.