

Case Number:	CM15-0016280		
Date Assigned:	02/26/2015	Date of Injury:	10/13/2011
Decision Date:	04/10/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury reported on 10/13/2011. She has reported improve left knee pain. The diagnoses were noted to have included internal derangement of the left knee, and status-post left knee arthroscopic surgery (8/2012); and left knee arthroscopy (6/24/14). Treatments to date have included consultations; diagnostic imaging studies; left knee surgery; physical therapy; home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled until 2/15/2015. On 1/5/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for 12 aquatic therapy sessions. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, aquatic therapy, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Therapy. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic, Physical Therapy Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

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 not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 186lb and height of 5'6" in a progress note dated 10/8/2014. Therefore, this request is not medically necessary.