

Case Number:	CM15-0137533		
Date Assigned:	07/27/2015	Date of Injury:	03/14/2014
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: Pennsylvania, Ohio, California
 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:

This is a 46 year old female with a March 14, 2014 date of injury. A progress note dated June 3, 2015 documents subjective complaints (right knee and ankle have been bothersome; quite painful to stand for prolonged periods of time; knee with intermittent swelling and pain), objective findings (slightly antalgic gait; tenderness along the lumbar paraspinal muscles and lumbar facets; pain with facet loading; pain along the cervical paraspinal muscles and cervical facets; pain with cervical facet loading; decreased range of motion of the cervical spine; pain along the right knee with no effusion; tenderness along the ankle joint with decreased range of motion), and current diagnoses (right knee internal derangement; discogenic cervical condition with facet inflammation; thoracic sprain/strain; discogenic lumbar condition with facet inflammation). Treatments to date have included ankle bracing, knee bracing, magnetic resonance imaging of the right knee (May 5, 2014; showed free edge radial tear of the medial and lateral meniscus and mild patellofemoral chondromalacia), magnetic resonance imaging of the lumbar spine (multilevel disc disease with bilateral foraminal narrowing and facet hypertrophy), magnetic resonance imaging of the cervical spine (showed cervical disc degeneration with reversal of cervical lordosis), physical therapy, and over the counter medications. The treating physician documented a plan of care that included aqua therapy for the neck and low back, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions 3 x a wk for 4 wks - Neck/Low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised land or aquatic therapy rather than independent rehabilitation. This request is not medically necessary.

Pain management consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127.

Decision rationale: This patient has undergone extensive diagnostic and treatment during the course of this injury. It is unclear what aspects of pain management have not been considered or what clinical questions are to be answered by a pain management consult which would not have already been addressed. This request is not medically necessary.