

Case Number:	CM15-0161994		
Date Assigned:	08/27/2015	Date of Injury:	06/10/2010
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 58 year old female who sustained an industrial injury on 6-10-10 when attempting to assist a 300 pound patient who was falling causing the injured worker to fall and hit her right knee and was trapped underneath the patient. An hour after the incident she developed increased right knee and arm pain. She was medically evaluated with x-rays and was off work for one month with increased pain. She currently had thoracic discomfort and right knee discomfort and rates her pain as 7 out of 10 with medications and 8 out of 10 without medications. Her sleep quality is poor. On physical exam of the thoracic spine there was tenderness and tight muscle band bilaterally; right knee exam revealed restricted range of motion with crepitus, tenderness to palpation over lateral and medial joint lines and mild effusion; left knee was unremarkable. Medications were Cymbalta, Rozerem, Vicodin, and Lidoderm 5% patch. Diagnoses include right knee arthroscopic surgery (2011); knee pain; pain in joint lower leg. Treatments to date include physical therapy; chiropractic treatments; acupuncture; injections; transcutaneous electrical nerve stimulator unit with temporary relief; psychological evaluation; functional restoration program. In the progress note dated 7-2-15 the treating provider's plan of care includes aquatic therapy twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times per week for 6 weeks, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

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," recent note indicated her BMI is 32. Therefore, this request is not medically necessary.