

Case Number:	CM15-0203607		
Date Assigned:	10/20/2015	Date of Injury:	12/12/2012
Decision Date:	12/02/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 33-year-old female with a date of industrial injury 12-12-2012. The medical records indicated the injured worker (IW) was treated for left wrist strain and right knee contusion with development of complex regional pain syndrome. In the progress notes (5-7-15), the IW reported right knee pain, with "giving out" at times, and persistent left wrist pain with clicking and catching. The 8-28-15 notes stated she was doing better, but still some had some burning sensation in the right knee; pain was rated 6 out of 10. The provider attributed her improvement to the spinal cord stimulator placement. On examination (5-7-15 notes), the dorsal aspect of the left wrist and hand was mildly swollen and tender. Grip strength was 40-40-30 on the right (dominant hand) and 30-30-20 on the left. Phalen's sign at 30 seconds, Tinel's sign for the median nerve and carpal tunnel compression test were negative. Two point discrimination was 6 mm in all digits and sensation was intact. Muscle strength and manual testing was normal. The right knee had mild intra-articular effusion and significant global tenderness to palpation. The patella tracked smoothly with flexion and extension. Range of motion of the right knee was 120 degrees and 0 degrees. McMurray's sign, Steinman's test and Apley's compression and distraction tests were negative. Sensation was intact. Motor strength, deep tendon reflexes and circulation were normal bilaterally. Treatments included medications (Gabapentin, Robaxin, Suboxone, and Voltaren gel), physical therapy (temporary relief), aquatic therapy (2014, with benefit), spinal cord stimulator trial and implantation (6-25-15), with 50% pain relief; trigger point injections and chiropractic therapy (temporary relief). The IW was on modified duty. On 5-7-15, x-rays of the left hand and wrist were normal; x-rays of the right knee and tibia showed

osteopenia. Therapy notes (9-9-15) stated the IW complained of weakness; her functional limitations included balance, ambulation, standing, strength and endurance. A Request for Authorization was received for aquatic therapy twice a week for six weeks. The Utilization Review on 10-10-15 non-certified the request for aquatic therapy twice a 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 a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times six weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are left wrist strain; right knee contusion with development of complex regional pain syndrome. Date of injury is December 12, 2012. Request for authorization is October 5, 2015. The bulk of the medical records covered services rendered from 2007 through 2014. The most recent progress note is dated September 28, 2015, but includes only the last page of progress note. There are no subjective or objective clinical findings and no treatment plan. According to the progress note dated one month prior on August 17, 2015, the worker has complaints of right knee and right hand pain. Pain score is 6/10. There are no contemporary progress notes on about the date of request for authorization. As a result, there is no clinical discussion, indication or rationale for aquatic therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no contemporaneous documentation on or about the date of request for authorization and no clinical discussion, indication or rationale for aquatic therapy two times per week times six weeks is not medically necessary.