

Case Number:	CM15-0223244		
Date Assigned:	11/19/2015	Date of Injury:	12/09/2014
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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: Preventive Medicine, Occupational 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 injured worker is a 56 year old male who reported an industrial injury on 12-9-2014. His diagnoses, and or impressions, were noted to include: right knee meniscal tear, status-post right knee arthroscopy with partial meniscectomy on 8-27-2015; and osteoarthritis. X-ray of the knee was said to have been done on 7-20-2015 His treatments were noted to include: surgery; physical therapy; medication management; and rest from work. The progress notes of 9-28-2015 noted complaints which included: some continued pain toward the medial aspect of the knee with the feeling of throbbing and burning; and that he was not yet ready to pursue his prior level of work activity, due to his physical job demands. The objective findings were noted to include: a mildly antalgic gait; positive right knee medial joint line tenderness; and bilateral quadriceps atrophy. Physical therapy documents significant difficulty with weight bearing. The physician's requests for treatment were noted to include wanting him in the water in terms of therapy, holding off on his athletic and industrial rehabilitation for the time being. The Request for Authorization, dated 10-9-2015, was noted for aquatic therapy, 2 x a week x 6 weeks for osteoarthritis. The Utilization Review of 10-27-2015 non-certified the request for 12 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy QTY 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: MTUS Guidelines allow for the use of aquatic exercises in individuals that have difficulty with land based weight bearing. The documentation notes an motivated individual who is having difficulty with gravity based exercising. Guidelines state that the amounts of aquatic therapy should follow the recommendations for usual and customary physical therapy which would recommend up to 10 sessions. The request for 12 sessions slightly exceeds this amount, but it is reasonable to allow for the exception of 2 additional sessions given the stated motivation of the patient and the providers attempts for him to resume function and return to work. Under these circumstances, the Aquatic therapy QTY 12 is medically necessary.