

Case Number:	CM15-0038001		
Date Assigned:	03/06/2015	Date of Injury:	02/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 49 year old female who sustained an industrial injury on February 8, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with contusion of the right knee, internal derangement of the right knee, cervical sprain, and lumbar sprain/strain. According to the primary treating physician's progress report on January 6, 2015, there was no significant improvement since the last visit. The injured worker continues to experience right knee pain with numbness and tingling in her right lower extremity, and due to the knee pain, the injured worker has an abnormal gait, which is worsening her back pain. Examination of the lumbar spine demonstrated no spasm or tenderness in the paraspinal muscles and sensory was intact. There was decreased range of motion with negative straight leg raise bilaterally. The right knee was tender to pressure over the knee joint with full range of motion bilaterally, but McMurray's was positive on the right. Current medications listed are Ambien and Tramadol. Treatment modalities consist of physical therapy, acupuncture therapy, and a home exercise program. On February 2, 2015, the Utilization Review denied certification for aqua therapy 3 times a week for 4 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 Times A Week for 4 Weeks for The Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Aquatic therapy Page(s): 98-99, 22.

Decision rationale: Per the cited MTUS guidelines, aqua therapy (including swimming) is an optional form of exercise therapy that is recommended when the injured worker needs reduced weight bearing, such as in extreme obesity. Physical medicine guidelines for general muscle pain recommend 9-10 visits over 8 weeks, or in the case of neuralgia, 8-10 visits over 4 weeks. Per the injured worker's available records, there is no indication for the specific need of aqua therapy, and the number of requested sessions exceeds guidelines. Therefore, aqua therapy 3 times a week for 4 weeks to the right knee is not medically necessary.