

Case Number:	CM15-0040712		
Date Assigned:	03/10/2015	Date of Injury:	02/19/2009
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: Massachusetts

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 42 year old female with an industrial injury dated February 19, 2009. The injured worker diagnoses include joint derangement of shoulder status post-surgery and internal derangement of knee status post-surgery. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/20/2015, the injured worker reported constant bilateral knee pain and right shoulder pain. Shoulder exam revealed tenderness around the anterior glenohumeral region and subacromial space. Knee exam tenderness in the joint line, crepitus with painful range of motion and positive patellar grind test. The treating physician's treatment plan consists of medication refills and course of aqua therapy to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2xwk x 6wks Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) Chronic Pain, p87 (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic knee pain. Treatments have included multiple knee arthroscopies, most recently in February 2013. The claimant has a BMI of 30. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant is obese and has undergone multiple knee surgeries. A trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not considered medically necessary.