

Case Number:	CM15-0052670		
Date Assigned:	03/26/2015	Date of Injury:	02/05/2008
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 2/5/2008. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include lumbar disc disorder, lumbar radiculopathy, pain in joint, pain in limb, chronic pain syndrome, arthritis and knee pain. Treatments to date include activity modification and medication. Currently, they complained of bilateral knee pain rated 9/10 without medication and 3/10 with medication. On 2/25/15, the physical examination documented lumbar tenderness in right buttock and sciatic notch. There was decreased right knee range of motion, tenderness, effusion and atrophy noted. The plan of care included physical therapy/aquatic therapy to treat lower extremity weakness.

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 Bilateral Lower Leg/Knee and Lumbar:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Aquatic Therapy Page(s): 46, 99, 22.

Decision rationale: MTUS recommends active independent home exercise for most patients. This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. This patient would be expected to have previously transitioned to an active independent home land-based rehabilitation program. A rationale for 6 weeks of supervised aquatic therapy is not apparent. Thus, this request is not medically necessary.