

Case Number:	CM15-0055697		
Date Assigned:	04/01/2015	Date of Injury:	02/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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 57 year old male with an industrial injury dated February 13, 2013. The injured worker diagnoses include cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac (SI) joint sprain, bilateral shoulder periscapular strain, tendinitis and impingement with history of bilateral shoulder surgery, and left knee sprain with patellofemoral arthralgia and lateral meniscus tear with history of prior arthroscopy. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/23/2015, the injured worker reported neck pain, low back pain radiating to the right lower extremity, bilateral shoulder pain, left knee pain, skin cancer, internal medicine complaints, hearing loss and improved stress. The treating physician requested services for aquatic physical therapy to decrease pain while increasing range of motion and ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy x12 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p87.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left knee pain. He has severe left knee osteoarthritis. He has a BMI of 27. 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 has advanced knee osteoarthritis and is obese. Therefore, 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 medically necessary.