

Case Number:	CM15-0087014		
Date Assigned:	05/11/2015	Date of Injury:	10/21/2013
Decision Date:	06/15/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

The 39 year old male injured worker suffered an industrial injury on 10/21/2013. The diagnoses included left knee arthroscopy meniscal tear. The injured worker had been treated with medications, surgery and physical therapy. On 3/6/2015, the physical therapist reported slight subjective improvement with pain complaints in the post-operative left knee from 4/10 to 2/10. There continues to be severe soreness with activities and gait impairment. The recommendation was for continued post-operative physical therapy. The range of motion had improved in the left knee. The treatment plan included Aquatic Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. There is no indication for why this can not be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not indicated as a medical necessity to the patient at this time.