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| Case Number: | CM15-0089886 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 12/31/2012 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Hawaii
 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 65-year-old female who sustained an industrial injury on December 31, 2012. Previous treatment includes left knee arthroscopy in April 2013 and physical therapy. Currently the injured worker complains of right shoulder pain and bilateral knee pain and stiffness. She describes her right shoulder pain as moderate in intensity and notes that the pain affects her activities of daily living. Her bilateral knee pain is described as moderate in intensity and also affects her activities of daily living. Her knee pains helped with therapy; however, she reports that she has no improvement in her right shoulder pain and bilateral knee pain since her previous visit. On physical examination, her bilateral knees are tenderness to palpation with decreased range of motion and with a present spasm. She had 3+ patellofemoral crepitus of the right knee and her ligaments were stable. Diagnoses associated with the request include bilateral knee pain. The treatment plan includes aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic Therapy Visits for The Bilateral Knees: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right shoulder and bilateral knees. The current request is for 18 Aquatic Therapy Visits for The Bilateral Knees. The treating physician report dated 3/10/15 (22B) states, "Aquatic therapy is recommended." The report goes on to note that the patient is status post left knee arthroscopy in April 2013. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the bilateral knees. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. Therefore, the request is not medically necessary.