

Case Number:	CM14-0119732		
Date Assigned:	08/06/2014	Date of Injury:	03/05/2001
Decision Date:	09/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a history of chronic, generalized pain consistent with fibromyalgia, osteoarthritis of the knees, a torn lateral meniscus of the right knee, low back pain, foot pain of unknown origin, and elbow pain. She has been treated with medication and physical therapy. She had 2 previous back surgeries. Her exam reveals anterior knee tenderness with stable ligaments bilaterally. Evidently her foot pain requires the use of a boot at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy twice weekly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: While aquatic therapy is clearly indicated for knee pain and osteoarthritis, the limits of such therapy are dictated by the guidelines that pertain to physical therapy. Specifically, for osteoarthritis of the knee, 9 visits are allowable over 8 weeks. In this instance, there is no quantity of therapy sessions requested and therefore twice weekly aquatic therapy as stated is not medically necessary.

