

Case Number:	CM14-0166341		
Date Assigned:	10/13/2014	Date of Injury:	03/06/2002
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 57-year-old female with a date of injury of 03/06/2002. The listed diagnoses per [REDACTED] are one. Chronic knee pain.2. Chronic left perineal neuralgia.3. Chronic regional pain syndrome versus multi-skeletal pain. According to progress, report 09/03/2014, the patient presents with continued left knee pain. The patient is status post left total knee replacement approximately 10 years ago. The treater states that the patient does not have new numbness or tingling, but does have continued left knee pain. Examination revealed "light touch sensation L mid anterior thigh, L mid lateral calf, L lateral ankle are intact." This is the extent of the physical examination in each progress reports. This is a request for aqua therapy 2 times a week for 6 weeks. Utilization review denied the request on 09/26/2014. Treatment reports from 04/03/2014 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, and Aquatic Therapy/Physical Therapy Sessions

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98, 99.

Decision rationale: This patient presents with bilateral knee complaints. The treater is requesting additional aqua therapy treatments. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends, for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review indicates that the patient has participated in initial 4 aquatic therapy sessions in 2013. The patient most recently completed 8 sessions between 06/07/2014 and 07/07/2014. The patient's progress with these sessions is not provided in the medical file. The treater's request for additional aquatic therapy sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient requires aqua therapy. MTUS Guidelines recommends aquatic therapy for patients with weight-bearing restrictions and such documentation is not noted in this patient. Recommendation is for denial.