

Case Number:	CM14-0209906		
Date Assigned:	12/22/2014	Date of Injury:	10/04/2011
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 59-year-old female with an original industrial injury on October 4, 2011. The mechanism of injury occurred due to a mechanical fall over a cane on the floor. The worker sustained injuries to both knees and the right hip. The patient had a surgical repair of the right hip labrum. The industrial diagnoses include chronic knee pain, osteoarthritis of both knees, and hip pain. The disputed request is for aquatic therapy for the bilateral knees. A utilization review determination on November 19, 2014 had noncertified this request. The rationale for this denial was that the claimant has completed two months of postsurgical physical therapy and documents indicate that the patient is doing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy two times six weeks for bilateral knees: Upheld

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

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

Decision rationale: The request for aquatic therapy for the bilateral knees is noted in a progress note from October 30, 2014. This note indicates that the patient had steroid injections in both

knees. The physical examination does not document the weight of the patient or body mass index. There is no comprehensive summary of what type of land-based physical therapy, if any have been applied to the need body region. There is also no documentation of why aquatic therapy over land-based therapy is desired. The patient is not documented to have morbid obesity. This request is not medically necessary.