

<b>Case Number:</b>	CM14-0215025		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Patient is a 37 year-old male with date of injury 12/16/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/13/2014, lists subjective complaints as pain in the neck, low back, and right knee. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the cervical and lumbar spine revealed tenderness to palpation of the paraspinal musculature and decreased range of motion. Straight leg raise was positive bilaterally. Examination of the right knee revealed pain and tenderness to the medial lateral joint lines. Right knee showed no effusion. There was pain at the extreme ranges of motion. Diagnosis: 1. Status post right knee arthroscopic anterior cruciate ligament reconstruction 2. Postoperative complex regional pain syndrome 3. Cervical sprain/strain 4. Lumbar sprain/strain. Patient has attended at least 6 aquatic therapy and 20 physical therapy sessions for the low back and right knee to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool 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, Aquatic Therapy

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

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The PR-2 is, for the most part, illegible but I can find no documentation of objective functional improvement. Pool Therapy is not medically necessary.