

Case Number:	CM15-0105125		
Date Assigned:	06/09/2015	Date of Injury:	07/13/2008
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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

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:

The injured worker is a 63 year old female, who sustained an industrial injury on 07/13/2008. She reported injuring her knees after a fall while at work. The injured worker is currently diagnosed as having chronic knee pain and total knee replacement. Treatment and diagnostics to date has included right knee arthrogram which showed right total knee replacement with no evidenced of prosthetic loosening, multiple knee surgeries, physical therapy, use of cane, and medications. In a progress note dated 03/23/2015, the injured worker presented with complaints of right knee pain. Objective findings include a stiff gait on the right knee and unremarkable knee examination. The treating physician reported requesting authorization for pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: MTUS Guidelines are not supportive of aquatic therapy unless an individual cannot perform land based activities. There is no documentation that this individual could not perform land based strengthening and ROM activities. In addition, Guidelines recommend from 8-10 sessions of therapy as adequate for most chronic conditions and this request exceeds these recommendations without justification. There are no unusual circumstances to justify an exception to Guidelines. The request for Pool Therapy 2x6 is not supported by Guidelines and is not medically necessary.