

Case Number:	CM15-0014169		
Date Assigned:	02/02/2015	Date of Injury:	01/19/2012
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported an injury on 01/21/2012. The mechanism of injury was not stated. The current diagnoses include status post right knee arthroscopy on 11/06/2013, lumbar spine sprain/strain, and right shoulder sprain. The injured worker presented on 11/26/2014 with complaints of right knee swelling, instability, and popping, as well as lower back discomfort. Upon examination of the right knee, there was positive crepitus, positive McMurray's sign, tenderness to palpation, and 0 to 110 degree range of motion. Examination of the lumbar spine revealed tenderness to palpation with spasm and guarding, positive straight leg raise, positive Kemp's sign, and decreased active range of motion. Recommendations included a followup in 4 to 6 weeks to assess the outcome of aquatic therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the lumbar spine, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Knee & Leg

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable. According to the documentation provided, there was no mention of a contraindication to land based physical therapy. There was also no mention of the need for reduced weight bearing. Given the above, the request for aquatic therapy cannot be determined as medically appropriate in this case.