

Case Number:	CM15-0014215		
Date Assigned:	02/02/2015	Date of Injury:	03/06/1991
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
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 59-year-old female who reported an injury on 03/06/1991. The mechanism of injury was not specifically stated. The current diagnoses include knee pain, pain in a joint of the lower leg, and shoulder pain. The injured worker presented on 01/06/2015 with complaints of bilateral knee pain, with poor sleep quality. The injured worker had been instructed to hold off on a total knee replacement. The injured worker was interested in a gym membership for light exercise and aquatic therapy. The current medication regimen includes Lidoderm 5% patch, Valium 5 mg, and tramadol HCl 50 mg. Upon examination of the lumbar spine, there was a surgical scar, slight tenderness to palpation, muscle tightness, restricted range of motion, negative straight leg raise, and tenderness across the low back. An examination of the shoulder revealed tenderness of the acromioclavicular joint; coracoid process; and subdeltoid bursa. The injured worker was status post surgery in 06/2013. The injured worker was utilizing a right shoulder sling immobilizer. On examination of the knee, there was a vertical surgical incision, restricted range of motion, and motor examination was limited secondary to pain. Recommendations at that time included continuation of the home exercise program, as well as 6 sessions of aquatic therapy to evaluate and treat the lumbar spine, bilateral knees, and the right shoulder. A Request for Authorization form was then submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x6 Sessions Eval and Tx LS, B/L Knee, right Shoulder: 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 Page(s): 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, there was no mention of the need for reduced weight bearing. There was no mention of a contraindication to land based physical therapy as opposed to aquatic therapy. Additionally, the injured worker has participated in a previous course of physical therapy; and has been instructed in a home exercise program. Documentation of objective functional improvement following the initial course of therapy was not provided. Given the above, the request is not medically appropriate at this time.