

Case Number:	CM15-0110117		
Date Assigned:	06/16/2015	Date of Injury:	04/23/2013
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old female, who sustained an industrial injury on 04/23/2013. According to a progress report dated 04/16/2015, the injured worker complained of a headache, neck pain, back pain left and right shoulder pain, left and right wrist pain, left and right knee pain and left ankle pain with stiffness and cramping. Diagnoses included headache, cervical sprain/strain/myospasm, cervical disc protrusion per MRI, thoracic sprain/strain/myospasm, lumbar sprain/strain/myospasm, radiculitis versus radiculopathy, hemangioma at L2 per MRI, bilateral shoulder sprain/strain, bilateral acromioclavicular joint osteoarthritis per MRI, bilateral supraspinatus tendinosis per MRI, left shoulder infraspinatus tendinosis per MRI, right shoulder subcoracoid possibly related to bursitis, right shoulder synovium effusion per MRI, bilateral wrist sprain/strain, rule out bilateral wrist internal derangement, bilateral mild carpal tunnel syndrome per NCV, bilateral knee sprain/strain, status post-surgery left knee surgery on 09/17/2014, left ankle sprain/strain rule out left ankle internal derangement, abdominal pain, skin bumps status post chemical exposure at work, complaint of sexual dysfunction due to pain, eye irritation due to exposure to debris from workplace, loss of sleep and psych component. The injured worker had 15 post-op aqua therapy sessions and 24 visits of post-op physical therapy. The treatment plan included continuation of aqua therapy 3 times a weeks for 3 weeks. Currently under review is the request for aqua therapy sessions for left knee, 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy sessions for Left Knee, 9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

Decision rationale: The claimant sustained a work injury in April 2013 and underwent an arthroscopic partial meniscectomy in September 2014. She had postoperative physical therapy including 15 aquatic therapy treatments. When seen, all ranges of motion were decreased and painful. There were multiple areas of tenderness. In this case, the claimant has benefitted from aquatic therapy. Transition to an independent pool program would be expected and would not require the number of requested treatments. Therefore, the request is not medically necessary.