

Case Number:	CM15-0069716		
Date Assigned:	04/17/2015	Date of Injury:	06/25/2014
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 06/25/2014. According to a progress report dated 03/24/2015, the injured worker was undergoing aqua therapy, which had strengthened the knee. There had been some improvement since the last exam and the injured worker was seeing improvement in function. The provider noted that since there was still popping in his knee and at times the knee would give out that a full course of therapy would be ordered. Impression was noted as lumbar radiculopathy and internal derangement of knee not otherwise specified. Treatment to date has included physical therapy, aqua therapy and medications. Treatment plan included continue taking medications as before, aqua therapy and right knee brace. Work status included modified work with restrictions. Currently under review is the request for 12 sessions of aqua therapy to the right knee and right leg and durable medical equipment: right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3X4 (12 SESSIONS) TO RIGHT KNEE AND RIGHT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. The claimant has completed aquatic therapies in excess of the allowed number of sessions and therefore no further aquatic therapy is indicated. Furthermore, the medical records in this case document no intolerance of land based physical therapy. Aquatic therapy is not medically necessary and the original UR decision is upheld.

DME KNEE BRACE RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM Chapter on Knee states that a knee brace is generally only needed if the knee will be stressed under heavy load and a generally not needed for the average patient. In this case, there is no documentation of any specific increased load to the knee that would require a brace. Knee brace is not medically necessary.