

Case Number:	CM14-0103823		
Date Assigned:	07/30/2014	Date of Injury:	05/01/2012
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Florida and Maine. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33 year old male whose date of injury is 05/01/2012. The injured worker slipped on some water and fell, injuring the right shoulder, left ankle, left knee, lower back, left wrist, left elbow, right elbow and right wrist. He was seen and diagnosed with sprain of the left ankle. The injured worker underwent left ankle injection on 09/11/13. The injured worker underwent repair of right TFCC tear, left ulnar osteotomy and shortening, left scapholunate repair, removal of left dorsal ganglion cyst on 10/02/13. Progress note dated 05/22/14 indicates that the injured worker complains of burning left knee pain as well as left ankle pain. Diagnoses include left knee internal derangement and right ankle internal derangement. The injured worker has also undergone left knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 x 6 Weeks Left Knee, Left Ankle.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Based on the clinical information provided, the request for pool therapy 2 x 6 weeks left knee, left ankle is not medically necessary. There is insufficient clinical information provided to support this request. There is no information provided regarding physical therapy/aquatic therapy to the left knee and left ankle to date. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, medical necessity cannot be established in accordance with CA MTUS guidelines.