

Case Number:	CM14-0147820		
Date Assigned:	09/15/2014	Date of Injury:	09/17/2013
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year old female was reportedly injured on September 17, 2013. The mechanism of injury is noted as a trip and fall over a mat. The most recent progress note, dated August 15, 2014, indicates that there were ongoing complaints of neck pain, shoulder pain, knee pain, back pain, and elbow pain. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles and trapezius muscles, decreased cervical spine range of motion and a normal upper extremity neurological examination, shoulders revealed limited abduction and internal rotation, positive Hawkins test, positive Neer's test on the left side, elbows indicated tenderness at the medial epicondyles and the forearms bilaterally, knee examination revealed improved left knee swelling, tenderness at the anterior aspect of the left knee with range of motion from 2 to 100 degrees, normal lower extremity strength, wrist exam revealed a positive Tinel's test , lumbar spine revealed decreased range of motion, spasms, and tenderness along the paraspinal muscles, slightly diminished sensation of the right versus the left foot. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, aquatic therapy, and oral medications. A request was made for aquatic therapy and was not certified in the preauthorization process on August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Aquatic therapy Page(s): 22 of 1.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports aquatic therapy as an alternative to land based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the injured employee is unable to participate in land based physical therapy or has not transitioned to a home exercise program. As such, the request for aquatic therapy is not considered medically necessary.