

Case Number:	CM14-0154327		
Date Assigned:	09/23/2014	Date of Injury:	12/12/2011
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 10/11/2011. The mechanism of injury was not provided. The injured worker had a total knee replacement on 01/15/2013 and had a right knee arthroscopy in 2012. The mechanism of injury was the injured worker tripped on debris on the ground while walking and fell forward on his knee, striking it against a concrete floor. Prior studies included an MRI and x-rays. The injured worker's medications included Celebrex 200 mg. The documentation of 08/22/2014 revealed the injured worker had right greater than left improvement with acupuncture. The injured worker had knee giving way and buckling. The injured worker had tenderness to palpation at the parapatellar of the bilateral knees. There was tenderness to palpation at the medial and lateral joint line and popliteal, as well as proximal calf. The injured worker had a positive bilateral McMurray's. His diagnoses included a total knee replacement on the left and a right knee arthroscopy. The rest of the physical examination was handwritten and difficult to read. There was no specific documentation requesting the aquatic therapy. There was no documented rationale or request for authorization for the requested aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Acute & Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22,98,99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy when there is a necessity for reduced weightbearing and the treatment for myalgia and myositis is up to 10 visits. The clinical documentation submitted for review failed to provide documentation the injured worker had a necessity for reduced weightbearing. The request as submitted failed to indicate the body part to be treated with aquatic therapy. Given the above, the request for aquatic therapy 8 sessions is not medically necessary.