

Case Number:	CM13-0030983		
Date Assigned:	12/04/2013	Date of Injury:	04/04/2011
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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 patient is a 37-year-old female with a reported date of injury on 04/04/2011. The patient underwent a left knee arthroscopic patelloplasty with subcutaneous lateral release, a chondroplasty of the femoral groove, a partial medial meniscectomy, a partial synovectomy, and an arthrotomy of the left knee on 07/16/2013. The patient presented with pain with limited range of motion, aching in the bilateral legs, no tenderness, limping with ambulation to the left knee, and 8/10 pain. The patient had diagnoses including knee pain and osteoarthritis of the knee. The physician's treatment plan included request for physical medicine aqua therapy for the left knee 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Aqua Therapy Knee-Left 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical

therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 8-10 sessions over 4 weeks with an initial clinical trial of 6 sessions in order to demonstrate objective functional improvement with therapy. The provider noted the patient had pain with limited range of motion in the knee and aquatic therapy seemed to be helping. However, within the provided documentation, the requesting physical therapy did not include an adequate and complete assessment of the patient's objective functional condition after the course of aqua therapy in order to demonstrate objective functional improvements made during the course of physical therapy, as well as to demonstrate remaining objective functional deficits. Additionally, within the provided documentation, it was unclear how many sessions of aquatic therapy the patient has attended. Therefore, the request for physical medicine aquatic therapy knee-left 3x4 is neither medically necessary, nor appropriate.