

Case Number:	CM13-0054464		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2008
Decision Date:	10/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Practice and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 09/24/2008. The mechanism of injury was noted to be repetitive motion. She is diagnosed with bilateral knee osteoarthritis. Her past treatments were noted to include anti-inflammatories, muscle relaxants, and aquatic therapy. On 11/08/2013, the injured worker presented with complaints of bilateral knee pain, worse on the right. Her physical examination indicated she had a wide based, waddling gait. Her medications were noted to include meloxicam, Flexeril, and Tylenol. The treatment plan included continuing medications as needed for pain and 6 additional aquatic therapy visits. It was noted that the injured worker had completed 6 previous aquatic therapy sessions with improvement. Therefore, additional sessions were recommended to focus on improving her function and decreasing her pain medication usage. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY LUMBAR, BILATERAL KNEES 2 X 3: 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 Aquatic therapy, Physical medicine treatment Page(s): 22, 98-99.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, aquatic therapy may be recommended as an optional form of physical medicine treatment when reduced weight bearing is desired. The guidelines state that up to 10 visits of physical medicine treatment, including aquatic therapy, may be supported for patients with functional deficits resulting from unspecified myalgia and myositis. The clinical information submitted for review indicated that the injured worker had completed 6 previous aquatic therapy visits, and there was documentation noting that she had improved. However, there was no documentation showing objective measurable functional gains made with her previous visits. Additionally, the documentation did not address the reason that the injured worker required aquatic therapy over land-based therapy. Furthermore, her most recent physical examination on 11/08/2013 revealed no evidence of objective functional deficits to warrant ongoing physical medicine treatment. For the reasons noted above, the request for aquatic therapy is not medically necessary.