MAXIMUS Federal Services

Case Number:	CM13-0055776		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2001
Decision Date:	05/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 California. 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 79-year-old female who reported an injury on 12/21/2001 with the mechanism of injury being the injured worker tripped and fell over a bench injuring both knees, their stomach, and their hands. Documentation of 10/21/2013 revealed the injured worker had attended 8 sessions of aquatic therapy. It was indicated the injured worker had improved range of motion with the left knee and improvement in strength, walking, and standing, as well as stamina. It was indicated the injured worker was encouraged and would wish to continue physical therapy in the swimming pool. The diagnoses included status post total knee replacement bilaterally, bilateral chronic knee pain and osteoarthritis. It was indicated the injured worker had difficulty exercising and strengthening the lower extremities with weight bearing exercises. The aquatic therapy allowed the injured worker to exercise without the significant forces of gravity and weight on her knees and she was able to improve strength and range of motion of the knees with less strain on the joints due to the injured worker's excess weight. The request was made for an additional 8 sessions of aquatic therapy for both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TIMES EIGHT(8) SESSIONS FOR THE BILATERAL KNEES: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise that is recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had participated in 8 sessions of aquatic therapy. It was indicated that the injured worker had improved range of motion, improvement in strength, standing, walking, and stamina. However, there was lack of documentation of an objective physical examination with objective findings to support the necessity for 8 sessions and the objective functional deficits to support the necessity. Given the above, the request for aquatic therapy times 8 sessions for the bilateral knees is not medically necessary.