

Case Number:	CM13-0058379		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2010
Decision Date:	05/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 48 year-old female who reported an injury on 1/20/12; the mechanism of injury was not provided in the medical records. The clinical note from 10/17/13 stated that the injured worker is beginning to experience right knee pain. It is noted that during the course of three months of aquatic therapy, this remarkably improved her condition. She had begun to lose weight and her right knee began to feel more stable, and her confidence with the use of the knee increased. Her ability to do land-based exercise is very limited due to her severe knee pain; she is also obese. She does not have access to gym equipment or a swimming pool. Her BMI was 38.7. On examination of her right knee, no effusion was noted; there was no varus or valgus laxity. The anterior cruciate ligament (ACL), medial collateral ligament (MCL), the lateral collateral ligament (LCL), and the posterior cruciate ligament (PCL) were all intact. The range of motion was from 0 degrees to 130 degrees. The bounce home and Apley's compression distraction test were both noted as negative. Pain was experienced with patellofemoral compressions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTHS OF SELF-PACED AQUATIC THERAPY FOR THE RIGHT KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy. It is also recommended where reduced weight bearing is desirable. The number of supervised sessions for neuralgia, neuritis, and radiculitis is 8-10 visits over four weeks. The clinical notes indicate that the injured worker had completed three months of aquatic therapy and she reported it remarkably improved her condition. However, the guidelines indicate that the aquatic therapy should be supervised by a physical therapist. Also, the recommended number of sessions is 8-10 over four weeks; the current request exceeds the guidelines. Therefore the request for six months of self-paced aquatic therapy for the right knee is not medically necessary.