

Case Number:	CM14-0101782		
Date Assigned:	07/30/2014	Date of Injury:	09/19/2007
Decision Date:	11/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 56-year-old female with a 9/19/07 date of injury. At the time (5/13/14) of the request for authorization for aqua therapy 2 times a week for 6 weeks, left knee, there is documentation of subjective (increase in range of motion, burning sensation at night, has been using left knee more because of foot surgery) and objective (-1/120 range of motion, 1-2+ synovitis, mild flexion contracture) findings, current diagnoses (sprain of knee & leg NOS, joint pain left leg, knee synovitis, joint derangement left leg, and knee chondromalacia patella), and treatment to date (physical therapy in 2013). There is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 6 weeks, Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Aquatic therapy, Page(s): 98 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Within the medical information available for review, there is documentation of diagnoses of sprain of knee & leg NOS, joint pain left leg, knee synovitis, joint derangement left leg, and knee chondromalacia patella. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested aqua therapy 2 times a week for 6 weeks, left knee exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aqua Therapy 2 times a week for 6 weeks, Left Knee is not medically necessary.