

Case Number:	CM14-0106227		
Date Assigned:	09/16/2014	Date of Injury:	02/27/2007
Decision Date:	11/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 61 year old female who sustained a work injury on 2-27-07. Office visit on 5-30-14 notes the claimant was seen for bilateral knee pain. The claimant would like to go to the gym for aquatic therapy. She was hoping to have personal trainer. She reports aquatic therapy in the past was very helpful. She recalls temporary relief in the knee pain. She feels her left knee is worsening with locking. She performs a home exercise program and reports slight improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 sessions bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Aquatic therapy; Ch. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 08/08/14) Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - aquatic therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. Medical Records reflect the claimant has bilateral knee pain. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program or that she requires reduced weight bearing. She reports improvement with prior aquatic therapy, but no quantification noted or long lasting improvement. Therefore, the medical necessity of this request is not established.