

Case Number:	CM14-0109013		
Date Assigned:	09/16/2014	Date of Injury:	08/18/2007
Decision Date:	10/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

This injured worker is a 56 year old male with a reported date of injury of August 18, 2007. Mechanism of injury is reported as an 18-wheeler truck rollover, causing immediate cervical spine pain, lumbar spine pain and left elbow pain, while performing the regular duties of his occupation as a truck driver. Diagnosis of osteoarthritis unspecified whether generalized or localized involving lower leg (715.96) and chondromalacia of patella (717.7). Treating physician office visit note, dated July 01, 2014, indicates improved bilateral knee pain, bilateral sciatica, bilateral upper extremity radiculopathy, neck pain and thoracic pain. The injured worker is reported as having attended an aquatic therapy program since August 26, 2013 and reports he feels slightly improved. The injured worker states his knowledge of the exercises to perform in the pool are limited and the treating physician recommends six sessions of formal instruction in aquatic therapy. Treating physician office visit note, dated August 21, 2014, indicates the injured worker reports complaints of continued bilateral knee pain, bilateral sciatica, bilateral upper extremity radiculopathy, neck pain and thoracic pain. He is witnessed as using a cane and reports using it every day while walking. As of the August 21, 2014 treating physician office visit note, the work status is reported as being on permanent modifications. Prior utilization review denied request for Aquatic therapy times 6 sessions of formal instruction for the knees on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 6 sessions of formal instruction for the knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: According to CA MTUS guidelines, 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, such as for extreme obesity. In this case, there is no indication the patient requires reduced weight-bearing. In addition, the injured worker has already received a course of aquatic therapy with some improvement. At this juncture, the patient should be well versed in independent home exercise program, which he can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. The medical necessity of the request is not established.