

Case Number:	CM14-0011703		
Date Assigned:	02/21/2014	Date of Injury:	11/29/2012
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 74-year-old female who reported an injury on 11/29/2012. The mechanism of injury was reported to be a fall. Per the progress note dated 12/19/2013, the injured worker reported her desire to avoid surgery at this time due to concerns for her heart. The injured worker reported pain to the left ankle and knee. On physical examination, tenderness was noted on both sides of the left knee and tenderness was also noted on palpation to both sides of the left ankle. The diagnoses reported for the injured worker included derangement of the left ankle and meniscal tear of the left knee. The Request for Authorization for medical treatment for pool therapy 3 times a week for 8 weeks for the left knee and ankle was dated 12/19/2013. The provider's rationale for the request for pool therapy was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY THREE TIMES PER WEEK FOR 8 WEEKS, IN TREATMENT OF THE LEFT KNEE/ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUA THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22,99.

Decision rationale: Per California MTUS guidelines aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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. Physical Medicine Guidelines recommend myalgia and myositis, unspecified 9-10 visits over 8 weeks and neuralgia, is recommends allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There was a lack of clinical documentation regarding a reduced weight bearing environment or specific musculoskeletal impairments that would prevent the injured worker from participation in a land based program. The documentation submitted did not indicate the injured worker had findings that would support the need for aquatic therapy. In addition, the guidelines recommend 8-10 visits over 4-8 weeks with fading of treatments from 3 visits to 1;the request is for 24 visits which is outside the recommendations. Therefore, the request for pool therapy 3 times a week for 8 weeks, in treatment of the left knee/ankle is not medically necessary.