

Case Number:	CM14-0015892		
Date Assigned:	06/04/2014	Date of Injury:	04/24/1977
Decision Date:	09/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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:

A 70 year old female with osteoarthritis in both knees and chondromalacia patella. Date of injury 24 Apr 1977 although mode of injury, patient's job at the time of the injury and part of body injured was not available for review. The records do note that she is permanently disabled. She has 4-5/10 achy pain in her knees with the pain worsening by using stairs, squatting, kneeling on knees, jumping or walking over 5 minutes. The right knee gets mechanical symptoms of catching and locking on and off. Examination of knees shows decreased range of motion and effusions in both knees, creptitation on patellar blotment. Her vastus medialis oblique muscle (part of the quadriceps muscle group) is atrophic. X-rays have been done but the results were not available for review. She has been treated with partial menisectomy (which knee and which mensicus were not identified in notes) in 1977 and with knee injections (Lidocaine, Celestone, Synvisc-One) to stimulate new cartilage growth (right knee in July 2013 and left knee August 2013). She was started on aqua therapy on 6 August 2013 and subsequent evaluation on 27 Nov 2013 showed improved strength and range of motion. No mention is made in the records available for review of use of any other medication or therapy used to treat her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X6 (BILATERAL KNEES): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, Chronic Pain Treatment Guidelines Part 2 Page(s): 22, 46-47, 98-99.

Decision rationale: The literature reflects strong evidence that physical activity is key in returning individuals to function. This patient has a chronic debilitating condition that is made worse with inactivity, but alternately, made functionally better with activity. She has significant weakening of her weight bearing musculature as noted by the atrophy in part of her quadracep muscle group. The limited aqua therapy already used has been shown to improve her strength and motion. The MTUS guidelines describes a random controlled study that showed effectiveness of aqua therapy for up to 8 months thus suggesting if this patient's aqua therapy is effective, which it is, it be continued for up to eight months. The request for Aqua Therapy 2x6 (bilateral knees) is medically necessary and appropriate.