

Case Number:	CM14-0111354		
Date Assigned:	08/01/2014	Date of Injury:	01/06/2009
Decision Date:	10/01/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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:

The patient is a 60 year old female who was injured on 01/06/2009. The mechanism of injury is unknown. Prior treatment history has included the patient underwent left knee arthroscopy. Diagnostic studies reviewed include MRI of the left knee dated 03/04/2010 revealed degenerative features. There is no updated MRI available for review. Progress report dated 05/20/2014 states the patient underwent left knee arthroscopy and has a request for more aquatic therapy sessions. Prior utilization review done at [REDACTED] dated 06/19/2014 states the request for aquatic therapy is denied as medical necessity has not been established. System notes that the patient has received 99 knee therapy sessions according to documentation. There are limited records submitted for review and none have provided measureable objective findings or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, 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. The medical records do not demonstrate significant functional limitations are present. Also, she is not morbidly obese or of an advanced age, that would inhibit her ability to participate in land-based activities. It is not indicated that the patient would obtain any significant benefit with aquatic therapy over standard therapy. Also, medical records indicate that patient had 99 sessions of therapies already, including aquatics. At this juncture, the patient's focus should be on utilization of a self-directed home exercise and activity program, which would not require access to aquatic facilities. The medical necessity of the requested aquatic visits has not been established.