

Case Number:	CM14-0114188		
Date Assigned:	09/22/2014	Date of Injury:	07/23/2012
Decision Date:	10/21/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 68 year old female employee with date of injury of 7/23/2012. A review of the medical records indicate that the patient is undergoing treatment for history of total right knee arthroplasty, (2/13/2013) and s/p for musculoskeletal system surgery (11/18/2013). Subjective complaints include pain and constant aching in the right knee rated at 9/10. Any movement of the knee aggravates her pain. Objective findings include x-rays which revealed degenerative joint disease. Physician's exam revealed minimal tenderness to palpation of right medial joint line, range of motion flexion right 90 and left 120. Treatment has included arthroscopy of the right knee in Feb 2013 (which did not yield improvement in pain); knee injection in Aug 2013; total knee arthroplasty in Nov 2013; physical therapy (with no relief of symptoms) in between each procedure. Medications have included Norco, Mobic and NSAIDS. The utilization review dated 6/24/2014 non-certified the request for Aquatherapy right knee x6 because no evidence was provided in the medical files that the claimant was unable to tolerate land based therapy or a land based home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy right knee x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: California MTUS guidelines state that "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 notes provided did not detail a reason why the patient is unable to effectively participate in weight-bearing physical activities, such as physical therapy and a home exercise program. As such, the request for Aquatherapy right knee x 6 is not medically necessary.