

Case Number:	CM14-0121389		
Date Assigned:	08/06/2014	Date of Injury:	11/17/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain 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:

The injured worker is a 49 year-old male whose original date of injury was November 17, 2012. The covered body regions as part of this industrial claim include the lumbar spine and right knee. The patient has previously undergone right knee arthroscopy performed in 2003. X-ray of the right knee demonstrated degenerative joint disease in November 2012. Right knee MRI had demonstrated a torn medial meniscus and severe osteoarthritis. The patient is noted to have had previous land-based physical therapy. The disputed request is a request for aquatic therapy. A utilization review determination had non-certified this request, citing that previous physical therapy including number of visits and any functional improvement or decrease in pain was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for the right knee and lumbar spine: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The chronic pain medical treatment guidelines 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, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing, but regular exercise and higher intensities may be required to preserve most of these gains. Therefore, this request is considered not medically necessary.