

Case Number:	CM14-0131644		
Date Assigned:	08/20/2014	Date of Injury:	05/06/2013
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Illinois. 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 46 year-old man who slipped and struck his right knee along a metal edge of a balcony on May 6, 2013. In July 2013 he had a right knee arthroscopy and partial meniscectomy. After going back to work, he then re-injured the same knee, had an extension of his tear and underwent another arthroscopy with meniscectomy. A follow up magnetic resonance imaging (MRI) demonstrated a current meniscal tear and a possible anterior cruciate ligament (ACL) tear. An exam was noted for a positive McMurray's and anterior drawer test, a mildly positive pivot shift on the right and an antalgic gait favoring the right leg. He is stated to have constant moderate low back pain with stiffness, cramping and radiation to the buttocks and frequent severe right knee pain with numbness and weakness that radiates to the whole right leg and foot with numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy three times a week for six weeks for Bilateral Knees and Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 7/3/14) Physical Therapy (PT) Knee & Leg (updated 6/5/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physical medicine treatment

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), aquatic therapy is recommended. Aquatic therapy is 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 in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Per the Official Disability Guidelines (ODG), under Physical Medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 8-10 visits over 4 weeks for radiculitis are recommended. The amount requested for this worker with knee pain and back pain with radiculopathy is 3 times per week for 6 weeks, or a total of 18 sessions, which exceeds the recommended amount. Therefore, the request is not medically necessary.