

Case Number:	CM14-0172155		
Date Assigned:	10/23/2014	Date of Injury:	01/06/2009
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive 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 60 year old employee with date of injury of 01/06/2009. Medical records indicate the patient is undergoing treatment for right knee injury, s/p right knee arthroscopy, s/p left knee surgery (2/8/12) and lumbar spine disc bulge. Subjective complaints include worsening bilateral knee pain, low back pain, knee buckling requiring the use of a cane. Objective findings include crepitus, positive McMurray's, decreased range of motion, arthritic gait, lumbar/sacral spasm. Patient walks with an antalgic gait. Treatment has consisted of HEP, 99 post-op physical therapy session and an unknown number of aquatic sessions, anti-inflammatory medications, Glipizide, Actos, Metformin, Enalapril, Metoprolol and Amlodipine and activity modification. The utilization review determination was rendered on 09/23/2014 recommending non-certification of Aquatic Therapy.

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 and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Aquatic Therapy

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." Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient has had a 99 previous physical therapy and an unknown number of aqua therapy visits. The treating physician states that the physical therapy sessions did not provide relief. The treating physician did not detail the outcome of aqua therapy sessions and provide evidence of functional improvement and a meeting of goals. As such, the current request for aquatic therapy is not medically necessary.