

Case Number:	CM14-0026942		
Date Assigned:	06/13/2014	Date of Injury:	11/09/2010
Decision Date:	07/28/2014	UR Denial Date:	02/16/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation 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 50-year-old male with a reported injury on 11/09/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/19/2013 reported that the injured worker complained of right knee pain. The physical examination of the injured worker's right knee revealed a slight to moderate effusion. The range of motion of the injured worker's right knee demonstrated flexion from -1 to 110 degrees. The injured worker's diagnoses included osteoarthritis to the knee and chondromalacia patella. The injured worker's prescribed medication list included Norco and transdermal patch. The provider requested pool therapy due to the injured worker's 55 pound weight gain since his injury. The request for authorization was submitted on 02/21/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 3 TIMES A WEEK FOR 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Aquatic Therapy.

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

Decision rationale: The request for pool therapy 3 times a week for 3 months is not medically necessary. The injured worker complained of right knee pain. The treating physician's rationale for pool therapy is due to the injured worker's 55 pound weight gain since his injury. The California MTUS guidelines recommend aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits requiring pool therapy. Moreover, it cannot be determined if this is an ongoing prescription or the initiation of therapy. Given the information provided, there is insufficient evidence to determine appropriateness of pool therapy to warrant medical necessity.