

Case Number:	CM14-0030710		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2013
Decision Date:	07/31/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 03/18/2013 while twisting her left knee at work. On 01/28/2014, the injured worker presented with left knee pain and stated that her right knee gave out at home. Upon examination of the bilateral knee, there was tenderness to palpation over the medial and lateral joint lines and full extension and flexion limited to 90 degrees due to pain. Muscle strength was a 5/5. An unofficial MRI of the bilateral knees demonstrated high grade lateral patellofemoral chondromalacia suggestive of excessive lateral pressure or chronic lateral patellofemoral impingement. The diagnoses was osteoarthritis of the left knee. Prior treatments included aquatic physical therapy sessions, medications and topical creams. The provider recommended aquatic therapy and stated that the injured worker had good improvement with the prior therapy and that additional therapy would focus on improving function with the goal of decreasing pain and medication use. The Request for Authorization form was dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 3 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for aquatic therapy 2 times a week for 3 weeks for the left knee is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. The guidelines recommend up to 10 visits over 4 weeks. The injured worker has had at least 6 aquatic therapy sessions. The provider's request for additional aquatic therapy 2 times a week for 6 weeks exceeds the recommendations of the guidelines. Additionally, the included documentation lacks evidence of the injured worker specifically needing reduced weightbearing exercises. Additionally, the injured worker has no significant barriers to transitioning to an independent home exercise program. As such, the request is not medically necessary.