

Case Number:	CM14-0036394		
Date Assigned:	06/25/2014	Date of Injury:	10/12/2005
Decision Date:	07/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 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:

This is a female patient with the date of injury of October 12, 2005. A Re-Check Note dated March 10, 2014 identifies complaints of bilateral medial pain, primarily on the right. Physical examination identifies some swelling and heat and linear tenderness. Diagnoses identify medial compartment osteoarthritis left knee. Treatment Plan identifies she may benefit from some water aerobics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua aerobics, 2-3 times a week for 12 weeks QTY: 36.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy, Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aqua aerobics, 2-3 times a week for 12 weeks QTY: 36.00, Chronic Pain Treatment Guidelines state non-weight-bearing exercises, such as

swimming or floor exercises, can be carried out while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. ODG states aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. ODG also states aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis. ODG recommends a trial of 6 physical therapy sessions. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is a diagnosis of osteoarthritis of the knee. However, the requested number of visits exceeds recommendations for an initial trial. In addition, functional goals are not established. As such, the currently requested aqua aerobics, 2-3 times a week for 12 weeks QTY: 36.00 is not medically necessary.