

Case Number:	CM14-0039081		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2014
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

The claimant was injured on 01/30/04 and has diagnoses of hand sprains, osteoarthritis of the knee status post meniscectomies and chondroplasty, and hip replacement and trochanteric bursitis. She also has persistent left shoulder pain and very limited range of motion. She has had difficulty with overhead activities. She had difficulty gripping and grasping, pushing and pulling. She has needed assistance with her activities of daily living. She was approved for a home healthcare nurse. She also had low back and left hip pain. She had an injection in August. She had an injection to the left ankle that gave her good relief. She saw [REDACTED] on 09/24/13 and requested aqua therapy. She had difficulty with land-based exercises that caused increased stress on her joint. She had not received any treatment for the hip per se. MRI and EMG were reportedly consistent with L5 and S1 radiculopathy. Her hip pain was related to her joint and not the back. She has had problems with both shoulders and tenderness and limited range of motion of the cervical spine. She has had to use a walker and then a cane and had a very antalgic gait. She had decreased range of motion and had crepitation with range of motion and pain along the ankle. She was diagnosed with discogenic lumbar disease with chronic L5 radiculopathy. She also was status post total hip replacement. She had impingement of the left shoulder and left epicondylitis. She was overweight but had lost some weight since her injury. She underwent surgery on her left knee on 10/01/13 which revealed chondromalacia and an osteochondral lesion. She underwent partial medial and lateral meniscectomies and chondroplasty with synovectomy. [REDACTED] recommended aquatic therapy for general conditioning. On 10/11/13, she was seen for her left hip by [REDACTED]. She was concerned about a hip infection but it was later ruled out. The hip prosthesis appeared to be intact. [REDACTED] tried to aspirate a knee hematoma on 10/09/13 but got minimal fluid. Physical therapy was ordered to see if it would help with the swelling. On 10/16/13, she still had

pain and stiffness with a 3+ effusion which had not changed. She was going to therapy. The knee was aspirated of 70 mm of serosanguineous fluid. The hematoma was resolving. She completed 12 visits of postop physical therapy as of 11/07/13. She was still using a crutch and had an antalgic gait. Additional PT ordered. She saw [REDACTED] on 11/21/13. She reportedly had fallen because her crutch slipped out from under her. She still needed home care. She had a cortisone injection to her shoulder which gave her some relief. The pain returned when she was using the crutches. She had an epidural steroid injection of the lumbar spine in August and had 50% relief until she started using the crutches. On 12/27/13, she was seen again. She still had high pain levels and was using Norco. She still had difficulty with her ADLs. She was given medication and was referred to physiatrist. On 01/23/14, she saw [REDACTED] and reported bilateral hip and right knee pain. The hip pain was related to her knee. Her hip replacement looked fine. There was little suspicion for infection. There was evidence of lateral trochanteric bursitis. Pool therapy had helped in the past and this was recommended. On 02/03/14, she saw [REDACTED]. She requested a total joint replacement for the right shoulder. She also has carpal tunnel syndrome and triggering at the base of the thumb. Carpal tunnel release was recommended. She had had physical therapy with no response. On 02/14/14, [REDACTED] indicated that an MRI for the left knee had been approved. She had been approved for more therapy and reported a significant improvement in her left knee. [REDACTED] again recommended pool therapy for bursitis along with chronic pain management. On 12/04/13, a physical therapy note indicated that she was making slow progress and had persistent swelling. Her left hip were sore. She was unable to hold her weight without it buckling. On 03/19/14, [REDACTED] recommended left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 16 sessions: 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 Page(s): 53.

Decision rationale: The MTUS state 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. In this case, the claimant is obese and has problems with multiple weight bearing joints. However, the only mention of aquatic therapy is by [REDACTED] who recommended it for general conditioning in September 2013 and [REDACTED] who recommended it several times for trochanteric bursitis. The claimant has had multiple low back, hip, and knee complaints and diagnoses and a left total knee arthroplasty has been recommended. Her current status is unknown. She did attend land-based rehabilitation and she made slow progress but there is no evidence that it was inappropriate for her. There is no indication that aquatic therapy is likely to significantly change her course of treatment. Therefore, Aquatic Therapy 16 sessions are not medically necessary.

