

Case Number:	CM14-0044746		
Date Assigned:	08/04/2014	Date of Injury:	02/12/2009
Decision Date:	10/07/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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:

The injured worker is a 49-year-old female who sustained an injury to her back, wrist, and knee on 2/12/09. On 1/7/14 it was noted that the injured worker complained of low back pain radiating to the left foot, left knee pain with swelling and giving way, right wrist pain, and right long finger triggering. Exam of the left knee noted medial joint line tenderness, stable valgus, and varus stress to 30 degrees flexion. Exam of the lumbar spine noted L3-4 tenderness with increased lordosis, and bilateral iliolumbar angle without radiation down the lower extremities. Pool therapy was recommended for her low back and left knee due to her excess weight and weight loss was also recommended. A physical therapy assessment dated 1/30/14 showed some deficits of strength and range of motion of the knee. A magnetic resonance imaging scan on 7/19/12 of the left knee without contrast revealed loss of articular cartilages and a moderate sized joint effusion with marked synovial thickening and multiple foci of osseous erosions. X-rays from 8/20/13 of the left knee showed only 2-3 mm of joint space medially and laterally. Her diagnoses include right long finger trigger finger with sprain of the distal radial ulnar joint of the wrist, right elbow origin of the forearm extensor sprain, left knee internal derangement with medial meniscus tear and chondromalacia of the medial compartment, and L3-L4 discogenic disease with left sciatica. She also has rheumatoid arthritis for which she is receiving injections and she has a proprioceptive knee sleeve. As per 2/6/14 surgical consult report, an injection into the left knee was administrated with little help and aquatic therapy was recommended. She previously started aquatic physical therapy, but unfortunately this may have increased her contralateral knee pain; the exact sessions of therapy already done are unknown. The request for aquatic therapy 2 times a week for 6 weeks to the left knee was modified on 2/28/14 to 2 times a week for 2 weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

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

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, "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 or in osteoarthritis. In this case, there is no indication why this injured worker is not able to participate in a land-based physical therapy program; i.e. isometric exercise, stationary bike, etc. There is no mention of morbid obesity. Therefore, Aquatic therapy 2 times a week for 6 weeks to the left knee is not medically necessary.