

Case Number:	CM14-0079109		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2011
Decision Date:	09/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old female with a work injury to her knees dated 7/18/11. The diagnoses include status post right medial and lateral meniscectomy and femoral meniscectomy and chondroplasty on 02/18/14. Under consideration is a request for aqua therapy x 8 visits right knee. There is a primary treating physician report dated 4/10/14 that states that the injured worker feels better but both knees are sore. She uses the ice machine at home. On exam she walks with a limp. The range of motion is 0-100. There is medial joint line tenderness right>left. The plan includes starting physical therapy (PT). A 6/24/10 document states that the patient had 2 PT sessions and her range of motion is 0-110. A 5/9/14 utilization review approved 8 land based PT sessions and the aquatic therapy was not medically necessary because it is not documented that the patient cannot tolerate land therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x8 visits right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy page 22 Acupuncture Medical Treatment Guidelines Page(s): 22, Postsurgical Treatment Guidelines.

Decision rationale: Aqua therapy x8 visits right knee is not medically necessary per the MTUS Guidelines. The guidelines state that 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. The documentation does not reveal evidence that land based therapy is not tolerated or that the patient has extreme obesity. The request for aqua therapy x8 visits right knee is not medically necessary.