

Case Number:	CM14-0084571		
Date Assigned:	07/21/2014	Date of Injury:	10/12/2005
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Illinois. 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 60-year-old female who reported an injury on 10/12/2005. The mechanism of injury was twisting. She was diagnosed with osteoarthritis of the left knee. Her past treatments have included medications, Synvisc injections, and physical therapy. On 03/10/2014, the injured worker presented with complaints of left knee pain. Her physical examination was noted to reveal some swelling, heat, and linear tenderness to palpation of the right side of her left knee. The treatment plan included water aerobics to prevent a knee replacement. It was noted that her provider felt water aerobics may save her a knee replacement. The Request for Authorization Form was not submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment: Knee & Leg (updated 01/20/14) Aquatic therapy.

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

Decision rationale: According to the California MTUS Guidelines aquatic therapy may be recommended as an alternative to land-based therapy for injured worker's requiring physical medicine with reduced weight bearing. The clinical information submitted for review indicated that water aerobics was recommended to prevent a knee replacement. However, this rationale was not elaborated on, including why reduced weight bearing exercise is specifically required for the injured worker. In addition, documentation was not provided to show whether she had failed a trial of land-based therapy or a formal home exercise program. Moreover, the documentation submitted failed to provide evidence of objective functional deficits to warrant physical medicine at this time. Based on the above, the request is not medically necessary.