

Case Number:	CM14-0085596		
Date Assigned:	07/23/2014	Date of Injury:	02/07/2007
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 57-year-old female who sustained a work related injury on 02/07/2007 when a student lost his balance, fell backwards and fell into the outside of her right knee. Since then she has had right knee pain and underwent a right total knee arthroplasty on 1/17/2014. Afterward, she performed 24 postoperative physical therapy sessions with 6 home therapy sessions. However, her knee pain persisted and despite having no visual on imaging study abnormality she has a failed unicompartmental arthroplasty for which water aerobics is requested. She continues to complain of 9/10 pain, has difficulty with ambulation, driving, climbing stairs, standing and sitting. On exam, she has tenderness with some swelling, with negative ligamentous laxity. Neurovascular exam is intact distally of the extremity. In dispute is a decision for Physical Therapy 1 x 8 visits water aerobics therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 8 visits water aerobics therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 22. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Aquatic therapy

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. A review of the above listed guidelines authorizes aquatic therapy in place of land based physical therapy. There may be advantages to weightless running in back pain recovery. A randomized controlled trial (RCT) concluded that water-based exercises produced better improvement in disability and quality of life of patients with chronic low back pain (CLBP) than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. No specific reasoning is given for choosing aquatic therapy. With range of motion assisted by the reduction of gravitational forces, this may help with the discomfort she experiences. I find no reason to deny such request considering the possibility of a failed arthroplasty.