

Case Number:	CM14-0087303		
Date Assigned:	07/23/2014	Date of Injury:	05/08/2009
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with a date of injury of 05/08/2009. The listed diagnoses per [REDACTED] are tear of cartilage or meniscus of knee and Osteoarthritis of knee. According to progress report 04/14/2014, the patient presents with chronic knee pain. [REDACTED] states the patient continues to make improvement, although slowly. Examination revealed normal gait, no tenderness, range of motion is improving well, 0 to 120 degrees. [REDACTED] states the patient is progressing well, and he should start aquatic therapy. The request is for aquatic therapy for the right knee 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the Right Knee 2 x per Week x 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment MTUS page 22 on aquatic therapy:Physical Medicine(MTUS pgs 98,99) Page(s): 22, 98, 99.

Decision rationale: This patient presents with chronic knee pain. The treater is requesting the patient to start participating in aquatic therapy 2 times a week for 4 weeks. The MTUS Guidelines page 22 recommends aquatic therapy as option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine recommends 9 to 10 sessions for various myalgia and myositis type symptoms. In this case, review of the medical file indicates the patient has received 18 land-based physical therapies ending in 12/11/2013. The treater does not provide a discussion as to why he is recommending aquatic therapy at this time as this patient has just completed a course of land based therapy. Furthermore, the treaters request for 8 sessions combined with the 18 already received exceeds what is recommended by MTUS. Therefore, request is considered not medically necessary.