

Case Number:	CM14-0097816		
Date Assigned:	09/23/2014	Date of Injury:	11/13/2011
Decision Date:	11/20/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine 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:

This case is a 72 year old female with a date of injury on 11/13/2011. A review of the medical records indicate that the patient has been undergoing treatment for knee osteoarthritis and chronic pain. Subjective complaints (5/28/2014) include "the patient is only receiving benefit of her pain with acupuncture." Objective findings (1/22/2014, 5/28/2014) include antalgic gait and 4/5 muscle testing. The knee range of motion during that time period decreased from 150 to 130 degrees. Treatment has included Synvisc (2012), acupuncture (6 sessions), chiropractic therapy (unknown quantity). A utilization review dated 6/9/2014 non-certified the following:- Continued Acupuncture 2 X 6 - Bilateral Knees due to no quantified functional improvement- Aqua Aerobic Classes at [REDACTED] X 1 Year - Bilateral Knees due to no documentation that patient cannot tolerate land based therapy/home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture #12 for bilateral Knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Acupuncture

Decision rationale: MTUS state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The treating physician did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding knee acupuncture, "Recommended as an option for osteoarthritis, but benefits are limited." ODG further details the quantity:- Initial trial of 3-4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The patient has already undergone 6 sessions of acupuncture. Per guidelines, the maximum number of visits is 12 sessions. The requested number of sessions, in addition to the prior 6 sessions, would equal 18 total sessions. This is far in excess of the guidelines. As such, the request for Continued Acupuncture #12 for bilateral Knees is not medically necessary and appropriate.

Aqua Aerobic Classes at [REDACTED] for one year for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Aquatic Therapy Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." Medical records do not include weight/height measurements, therefore BMI cannot be calculated. A diagnosis of 'extreme obesity' cannot be established. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The treating physician specifically states that the patient is requesting aquatic therapy for weight loss. Medical records do not substantiate subacute or chronic low back pain as a diagnosis. ODG states regarding knee aqua therapy, "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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved

physical function, strength, and quality of life . . . In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. As written, the request is for a one year aerobics class at [REDACTED].

The number of classes that is being requested is not detailed in the medical records. While the medical documents do not qualify the patient for aquatic therapy, an initial trial of 6 sessions is necessary before approval for additional sessions. As such, the request for Aqua Aerobic Classes at [REDACTED] for one year for Bilateral Knees is not medically necessary and appropriate.