

Case Number:	CM14-0188960		
Date Assigned:	11/19/2014	Date of Injury:	04/12/2010
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 & 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:

This patient is a 65 year old female with a date of injury of 4/12/10. The listed diagnoses are s/p right arthroplasty (9/20/13), left knee degenerative joint disease and left hip degenerative joint disease. According to progress report 10/1/14, the patient presents with severe left knee and left hip pain. The patient states her knee is "doing fairly well." Her right knee has some slight aching pain, but the left knee continues to cause severe pain. Examination of the right knee revealed well healed incision with no signs of infections, she has full extension and flexion is to 115 degrees. Examination of the left knee demonstrated medial and lateral joint line tenderness with positive patellofemoral crepitus and positive effusion. Examination of the left hip revealed pain with ranges of motion and internal and external rotation is limited. Recommendation was made for water therapy to "benefit both her left knee and her left hip region." Utilization review denied the request on 10/15/14. Treatment reports 9/10/14 and 10/1/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua-therapy for the left knee and left hip, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter

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

Decision rationale: This patient presents with severe left knee and left hip pain. The current request is for Aqua Therapy for the Left Knee and Left Hip, Twice Weekly for Four Weeks. MTUS Chronic Pain Medical Treatment Guidelines page 22 states Aquatic 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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" The patient reported having a left knee and hip pain, and the treater recommended Aqua therapy to "benefit" these areas. In this case, the treater has not discussed the need for weight-reduced exercises or extreme obesity to qualify the patient for water therapy. The progress reports provided for review do not provide any discussion regarding land-based or aquatic physical therapy treatment history. The utilization review states that prior treatment has included water therapy. The number of sessions received to date and the patient's response to therapy were not provided. The patient does not meet MTUS guidelines criteria for aquatic therapy. The request is not medically necessary.