

Case Number:	CM14-0199426		
Date Assigned:	12/09/2014	Date of Injury:	02/15/1995
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/28/2014

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 Neurology, 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 Injured Worker (IW) is a 47 year-old female with a reported date of injury as 2/15/1995. A review of summaries of medical records provided for review indicates that the IW's left knee was struck by a shopping cart. It is stated the IW compensate for this injury, causing chronic trauma to her right knee and a myofascial lumbar sprain/strain, secondary to her altered gait. A medical report dated 12/20/2013 notes clinical diagnostic impressions for fibromyalgia, bilateral knee internal derangement, chronic lumbar spine pain with spondylosis, chronic cervical spine pain with spondylosis, obesity, pain disorder, and narcotic dependency. The IW is status post right knee total knee replacement for tricompartmental osteoarthritis (performed 8/2013) and status post left knee arthroscopies in 1996 and 2000. A Primary Treating Physician report (PR-2) dated 8/1/2014 indicates that the IW will likely require a left total knee replacement surgery in the future as evidenced by left knee MRI dated 7/22/2014 which revealed degenerative disease with meniscal tears and partial ACL tears. It is noted that the procedure would be postponed until after the right knee is considered fully recovered. The report states that the IW continues with symptoms of bilateral knee pain: examination of the right knee reveals mild effusion and minimal warmth; there is left knee joint line tenderness with crepitus. Current medications are Lyrica, Ambien, and Norco. Treatment plans submitted indicate that the IW is to begin weaning from opioid therapy. The review of records indicates that the IW has had physical therapy, chiropractic therapy, and aquatic therapy in the past, with a six-week course of aquatic therapy three-times weekly completed in 2009; a reference to a PR-2 dated 12/6/2013 notes that the IW has completed all physical therapy sessions since the right total knee arthroplasty (the number was not specified in this note, but a PR-2 dated 5/23/2013 requested 12 physical therapy sessions to follow surgery). The treatment plan of 12/20/2013 indicates that treatment "will include aquatic therapy for treatment of the fibromyalgia, obesity and residual lower extremity

orthopedic injuries" with a request for 12 sessions. The PR-2s dated 3/28/2014 and 6/6/2014 state that the IW has completed those aqua therapy sessions and that the IW is being encouraged to continue pool exercise on an independent basis. The records provided for review indicate that a Utilization Review dated 10/31/2014 non-certified a 10/30/2014 request for 12 aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy times 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Aquatic Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy; Physical Medicine Page(s): 22; 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: With regard to aquatic therapy, the MTUS states that such modality is specifically recommended as an optional form of physical therapy where it is desirable to reduce the weight-bearing aspects of gravity, such as in the case of extreme obesity (aquatic therapy, p. 22). In this case, the IW is stated to be obese, and it is reasonable to consider aqua therapy as an alternative to land-based physical therapy. Where recommended, the number of supervised aqua therapy visits shall follow the guidelines specified where physical medicine is recommended. The recommendations for post-arthroplasty knee surgery is 24 sessions of physical therapy over 10 weeks (Postsurgical treatment guidelines, knee, p. 24-25). As the review of records indicates that this IW has in fact received 24 session of aqua therapy since the arthroplasty in August 2013, additional sessions are not medically necessary. While MTUS Chronic Pain Treatment guidelines states that water exercise has been shown to improve some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, regular exercise and higher intensities may be required to sustain these benefits (physical medicine, pp. 98-99). The recommendation for myalgia is 9-10 visits over eight weeks allowing for fading of treatment frequency and providing of instruction for active, self-directed care (p. 99). As this IW has had 12 sessions under supervision provided by formerly approved aqua therapy sessions for the treatment of her fibromyalgia and orthopedic injuries (PR-2 12/20/2013), it is to be understood that the IW has had the appropriate education and instruction for maintaining an independent, self-directed program of exercise as an extension of the treatment process. Therefore, the requested 12 sessions of aqua therapy is in excess of recommendations for either indication -- whether for post-arthroplasty or for treatment of fibromyalgia -- and is not medically necessary.