

Case Number:	CM14-0200385		
Date Assigned:	12/11/2014	Date of Injury:	08/28/2013
Decision Date:	01/29/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

67y/o female injured worker with date of injury 8/28/13 with related right knee and right hip pain. Per progress report dated 10/17/14, the injured worker complained of right knee pain and swelling rated at 6/10. It was aggravated with walking, transitioning from seated to standing position and extended periods of standing. The pain was mildly relieved with rest. Per physical exam, she had an antalgic gait favoring the right side. There was mild knee swelling. She was unable to flex her right hip actively when seated with her hip flexed at 90 degrees. There was tenderness throughout the medial and lateral joint lines of the right knee. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of six (6) aquatic therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 13-14 and 90-91, Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 20 and 98-99.

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

Decision rationale: 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. I respectfully disagree with the UR physician's assertion that the MTUS guidelines only recommend aquatic therapy with documentation of intolerance to gravity-resisted land-based therapy. Per the citation above, this is not the case. The documentation submitted for review indicates that the injured worker was refractory to land-based therapy. Aquatic therapy is indicated for the injured worker's right knee pain. The request is medically necessary.