

Case Number:	CM14-0086187		
Date Assigned:	07/23/2014	Date of Injury:	12/22/2004
Decision Date:	03/24/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 is a 53 year old male, who sustained an industrial injury on 12/22/2004. He has reported knee pain. The diagnoses have included bilateral knee osteoarthritis, left knee anterior cruciate ligament (ACL) reconstruction 1998, with revision in 2005, and left knee arthroscopy 9/6/13. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, joint injections. Currently, the IW complains of continued knee pain with associated achiness, stiffness that improved with aquatic therapy. Physical examination from 5/12/14 documented Range of Motion (ROM) 0-110 degrees, positive crepitation, and positive grind. The provider documented a grade 3-4 chondromalacia in all compartments of the knee. Plan of care included requesting continuation of aquatic therapy and Synvisc injections. On 5/30/2014 Utilization Review modified certification for physical therapy twice a week for two weeks, a total of four (4) visits, noting the six aquatic therapy sessions were provided. The MTUS Guidelines were cited. On 6/9/2014, the injured worker submitted an application for IMR for review of twelve (12) aquatic therapy sessions, two times a week for six weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 (12 sessions) for the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

Decision rationale: Aquatherapy is 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. 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. The recommended number of visits follows those recommended for land-based physical therapy. 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 therapy) Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had prior treatment of six aquatherapy visits. The requested additional 12 visits would bring the total to 18 visits. This surpasses the total maximum of 10 visits recommended. The request should not be authorized.