

Case Number:	CM15-0001773		
Date Assigned:	01/12/2015	Date of Injury:	06/24/2009
Decision Date:	03/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female with a work injury dated 06/24/2009 with injuries to her right knee and back. On presentation dated 12/02/2014, she presented with right knee and back pain. She described the pain as sharp, nagging, throbbing and severe. The pain is exacerbated by bending, moving from sitting to standing and sitting. She also complains of numbness, nausea, fatigue and weakness. Physical exam revealed moderate swelling of the knees bilaterally without warmth or erythema. There was no tenderness to palpation. McMurray's test was positive bilaterally and patellar compression test was positive bilaterally. Diagnoses were knee strain, Chondromalacia patellae, internal derangement of knee, sprains and strains of lumbar region, laxity of ligament and cervicobrachial syndrome. Current medications were Norco and Diazepam. Work status was documented as medically disabled. Prior treatments include medications, bilateral knee braces and aquatic therapy. The injured worker stated aquatic therapy helped. On 12/02/2014 Utilization Review non - certified the request for 16 aqua therapy sessions for bilateral knees noting the IW had previous aqua therapy and there was a lack of documentation of functional benefit, and there was a lack of documentation of objective functional deficits to support the necessity for ongoing aquatic therapy. MTUS guidelines were cited. On 01/15/2015 the injured worker submitted application for IMR review of the requested 16 aqua therapy sessions for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Aqua Therapy Session for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical therapy Page(s): 22, 98-99.

Decision rationale: The patient presents with right knee and back pain rated 10/10 at worst and 6/10 at best described as sharp, nagging, throbbing and severe. Patient has no documented surgical history directed at this complaint; though progress note dated 10/20/14 suggests that she has received an unspecified number of aqua therapy sessions to date. The request is for 16 AQUA THERAPY SESSIONS FOR THE BILATERAL KNEES. The RFA is dated 10/20/14. Physical examination dated 12/02/14 revealed moderate swelling of the knees bilaterally without warmth or erythema. There was no tenderness to palpation. McMurray's test was positive bilaterally and patellar compression test was positive bilaterally. The patient is currently prescribed Norco, Naproxen, and Diazepam. Diagnostic imaging reports pertinent to chief complaint were not provided. Patient is classified as medically disabled. MTUS Guidelines, page 22, under Aquatic therapy states: "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." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In regards to the request for 16 aquatherapy sessions for the management of this patient's chronic knee pain, the treater has specified an excessive number of sessions. Given this patient's diagnosis of persistent knee pain which is unresponsive to other therapies, and a calculated BMI for this patient of 33.3, aquatic therapy could produce pain and functional improvement. However, the treater has requested 16 sessions of therapy, which exceed MTUS guidelines that indicate a maximum of 10 sessions for complaints of this nature. Additionally, progress note dated 10/20/14 suggests that this patient has completed an unspecified number of aquatherapy sessions to date, though no documentation of pain reduction or functional improvement is provided. Therefore, this request IS NOT medically necessary.