

Case Number:	CM15-0004274		
Date Assigned:	01/15/2015	Date of Injury:	07/20/2005
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on 07/20/2005. She has reported subsequent left shoulder and right knee pain. The diagnoses have included right knee posttraumatic arthritis, status post right knee arthroscopy and left shoulder rotator cuff syndrome. Treatment to date has included oral and topical pain medication and physical therapy. The injured worker had completed a course of 24 physical therapy visits for the right knee as per the most recent physician progress note. Currently injured worker's pain was noted to be significantly improved in the right knee and was rated as a 5/10. The injured worker complained of some weakness with extension and flexion. Left shoulder pain was rated as a 6/10. The injured worker noted that after taking Ibuprofen her pain level usually decreases from an 8/10 to a 4/10. Objective examination findings showed a loss of range of motion of the right knee with a well healed scar and no evidence of instability. The physician noted that aqua therapy would be ordered to increase the strength of the right knee and lower extremity. On 12/12/2014, Utilization Review non-certified a request for aqua therapy of the right knee noting that the injured worker had already undergone at least 24 physical therapy sessions to date and that the request exceeded guidelines for physical therapy. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2xWk x 4Wks Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 22.

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

Decision rationale: Aquatic therapy 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. Based on the MTUS guidelines, the length of total therapy treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had been able to complete 24 sessions of land based physical therapy and will also exceed total amount of therapy sessions if aqua therapy were provided. The request for aqua therapy is not medically necessary.