

Case Number:	CM15-0005942		
Date Assigned:	01/26/2015	Date of Injury:	07/11/2008
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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 61 year old female who sustained an industrial injury on July 11, 2008. She has reported left knee pain, neck pain, upper back pain, right knee pain, and right ankle pain and has been diagnosed with cervical C5-6 and C6-7 herniated nucleus pulposus with right radiculopathy and bilateral knee arthritis. Treatment to date has included medical imaging and acupuncture. Currently the injured worker complains of left knee pain, neck pain, upper back pain, right knee pain, and right ankle pain. The treatment plan included surgery and physical therapy. On December 11, 2014 Utilization Review non certified aqua therapy 2 x 6 sessions to the left knee citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x6 Sessions to the Left Knee: Upheld

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

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

Decision rationale: This patient presents with left knee pain, neck pain, upper back pain, right knee pain, and right ankle pain and has been diagnosed with cervical C5-6 and C6-7 herniated nucleus pulposus with right radiculopathy and bilateral knee arthritis. The current request is for AQUA THERAPY 2X6 SESSIONS TO THE LEFT KNEE. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aquatic therapy has the following, recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aqua 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 recommendation on number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating physician has not discussed the need for weight-bearing exercises or extreme obesity to qualify the patient for water therapy. Furthermore, the requested 12 sessions exceeds what is recommended by MTUS for myositis/myalgia type symptoms. This request IS NOT medically necessary.