

Case Number:	CM15-0141197		
Date Assigned:	07/30/2015	Date of Injury:	11/06/1997
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Internal 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 77 year old female who sustained an industrial injury on 11-6-1997. She reports bilateral lower extremity edema and has been diagnosed with right knee ORIF, left knee ORIF, chronic low back pain, and cervical pain. Treatment has included surgery, medications, and chiropractic care. There was plus 2 pitting edema bilaterally and pulses were palpable and skin was warm. Tenderness was noted at the right knee lateral joint line and left medial joint line on palpation of her knees, and crepitation was noted bilaterally at the knee joint with flexion and extension. The treatment plan included follow up, pool exercise with physical therapy, pedicycle, Voltaren gel, and home help. The treatment request included aqua therapy and pedicycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter: Aquatic therapy.

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. Unsupervised pool use is not aquatic therapy. 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. (Tomas-Carus, 2007). In this case, there is no indication of extreme obesity, which would necessitate aquatic therapy to minimize the effects of gravity. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Once again, there is no indication that this patient cannot engage in land-based physical therapy. Therefore, based on the ODG guidelines and the evidence in this case, the request for Aqua therapy 1-2 times a week for 6 weeks is not recommended.

Pedicycle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg Chapter: Physical Therapy.

Decision rationale: Physical medicine treatment is recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. Both ODG and MTUS are silent on the use of a pedicycle in physical therapy. In this case, there is no good documentation of and/or failure of standard physical therapy for this patient. Also, the request is for a pedicycle and there is no documentation of frequency or duration of treatment planned. Therefore, based on the evidence in this case and the review of the ODG guidelines, the request for a pedicycle is not recommended.