

Case Number:	CM15-0144602		
Date Assigned:	08/05/2015	Date of Injury:	02/02/2006
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Preventive Medicine, Occupational 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 66-year-old female who sustained an industrial/work injury on 2-2-06. She reported an initial complaint of right knee pain. The injured worker was diagnosed as having pain in joint of lower leg, internal derangement of knee, and knee strain. Treatment to date includes medication, H-wave, transcutaneous electrical nerve stimulation (TENS) unit, and diagnostics. Currently, the injured worker complained of sharp, stabbing, cramping, burning, tingling, aching, dull, nagging and severe pain in the knee rated 8 out of 10 at worst. Per the primary physician's report (PR-2) on 6-2-15 exam noted moderate swelling in both knees, crepitus bilaterally, tenderness with palpation in the medial joint line of the right knee, 1 plus effusion of the right knee, laxity to valgus and varus stress in the bilateral knees, range of motion is decreased bilaterally, hip and knee flexion is 3 out of 5, left knee extension is 3 plus out of 5, right knee extension is 4- out of 5, paresthesias to light touch in the lateral right leg, patellar and Achilles tendon reflexes could not be elicited, positive McMurray's test, and an antalgic gait. The requested treatments include Aqua therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the left knee 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: MTUS Guidelines supports aquatic therapy for individuals who have difficulty with land based activities. However, the Guidelines specifically state that the physical therapy section of the Guideline should be utilized in determining a reasonable number of supervised visits. The MTUS Guidelines consider up to 8-10 supervised therapy sessions as adequate for chronic musculoskeletal conditions. There are no unusual circumstances to justify an exception to Guidelines, as the motivation and benefits from an initial lesser course of therapy are not established. The request for Aqua therapy for the left knee 3 times a week for 4 weeks is not supported by Guidelines and is not medically necessary.