

Case Number:	CM15-0180761		
Date Assigned:	09/22/2015	Date of Injury:	02/29/2008
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This is a 59-year-old female with a date of injury on 2-29-2008. A review of the medical records indicates that the injured worker is undergoing treatment for morbid obesity, degenerative joint disease of the right hip and degenerative joint disease of the bilateral knees. According to the progress report dated 8-10-2015, the injured worker complained of bilateral knee pain. She reported that she had lost about five pounds, but was still roughly in the 245-pound range. She also complained of right hip pain. She reported that previous water therapy had been helpful. The physical exam (8-10-2015) revealed an antalgic gait on the right side with an abductor lurch. Treatment has included water therapy, and medications (Celebrex). The treatment recommendation was for a water exercise program in order that the injured worker could try to lose as much weight as possible. The original Utilization Review (UR) (8-27-2015) denied a request for water therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 3 times a week for 4 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents on 08/10/15 with bilateral knee pain. The patient's date of injury is 02/29/08. The request is for WATER THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR BILATERAL KNEES. The RFA was not provided. Physical examination dated 08/10/15 reveals that the patient is morbidly obese and presents with an antalgic gait. The patient is currently prescribed Celebrex, Tylenol, and Hydrocodone. Patient's current work status is not provided. MTUS Guidelines, Aquatic therapy section, page 22 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, Physical Medicine section, pages 98-99 state: "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 regard to the 12 sessions of aquatic therapy for the management of this patient's bilateral knee pain and obesity, the requesting provider has exceeded guideline recommendations. The documentation provided indicates that this patient has completed an unspecified number of aquatic therapy sessions to date with noted benefits. However, the requested 12 sessions in addition to previous aquatic therapy exceeds guideline recommendations (which only allow up to 10 visits) and cannot be substantiated. Therefore, the request is not medically necessary.