

Case Number:	CM15-0181846		
Date Assigned:	09/23/2015	Date of Injury:	12/12/2012
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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: North Carolina

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 54 year old male who sustained an industrial injury on 12-12-12. A review of the medical records indicates he is undergoing treatment for ruptured tendons of the biceps, right knee meniscus tear, status post arthroscopic surgery of the right knee on 5-20-15, hypertension, borderline diabetes, hypothyroidism, hyperlipidemia, benign prostatic hypertrophy, asthma, and obesity. Medical records (5-5-15 to 8-4-15) indicate complaints of "constant moderate right knee pain" with "occasional popping, clicking, weakness, and giving out." She reports stiffness and tightness of the knee with "occasional swelling". He also complains of intermittent "moderate" pain over the left elbow, which is accompanied with stiffness and tightness. He reports numbness and tingling "from the incision area to his hand". He also reports "occasional weakness". The physical exam (8-4-15) reveals diminished range of motion of the left elbow and left knee. No diagnostic studies are included in the records since his surgical procedure on 5-20-15. Treatment has included physical therapy, which was ordered for 2-3 times per week for 4-6 weeks. The initial physical therapy evaluation was completed on 6-29-15. He has also been treated with pain medication and a muscle relaxant. The 8-4-15 PR2 indicates that the injured worker has "followed a self-directed home exercise and strengthening program as instructed by his physical therapist, taken his medications, and completed his postoperative physical therapy program, however with only slight temporary improvement". A request for "a short course of aquatic physical therapy treatment, twice a week for four weeks" was made "in an attempt to meet his functional goals". The record indicates he "will return to work" with restrictions. The utilization review (8-21-15) indicates denial of the requested treatment, stating "there is no documentation of intolerance to land-based therapy, or reasons why this patient is unable to attend a land-based therapy program".

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical therapy, twice a week for four weeks for the right knee: 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.

Decision rationale: The California MTUS section on aquatic therapy 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. 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) The patient has no contraindications such as extreme obesity to land based therapy. Therefore the request is not medically necessary.