MAXIMUS Federal Services

Case Number:	CM15-0207867		
Date Assigned:	10/26/2015	Date of Injury:	10/23/2014
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Connecticut, California, Virginia
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 70 year old female, who sustained an industrial injury on 10-23-14. The injured worker has complaints of bilateral knee pain, worse on the right with complaints of swelling and popping. The injured worker has tender lumbar paraspinals and range of motion is decreased with pain. Right knee X-rays on 10-28-14 revealed tricompartment degenerative changes greatest into the patellofemoral and medial femorotibial compartment. Right knee magnetic resonance imaging (MRI) on 10-30-14 revealed there was a complex tear with oblique and radial components of the posterior horn and body of the medial meniscus with extrusion of the meniscal body into the medial gutter and there was moderate to severe tricarpment chondrosis with multiple areas of subchondral edema. The diagnoses have included pain in joint, lower leg. Treatment to date has included cortisone injections. The original utilization review (9-25-15) non-certified the request for aquatic therapy two times a week for six weeks right knee. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times a week for six weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, aquatic therapy.

Decision rationale: Aquatic therapy is recommended by the Official Disability Guidelines 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. Aquatic therapy allows patients to exercise in an environment that relieves body weight while muscular strength is gradually restored. In this case, it appears the patient has previously undergone at least 12 sessions of prior supervised aquatic therapy. The MTUS guidelines with respect to manual therapy and manipulation indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to aquatic therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not medically necessary.