

Case Number:	CM15-0208191		
Date Assigned:	10/27/2015	Date of Injury:	03/24/2011
Decision Date:	12/11/2015	UR Denial Date:	10/17/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old female, who sustained an industrial injury on 3-24-11. The injured worker was being treated for post arthroscopy surgery of left knee with partial medial meniscectomy, chondroplasty of undersurface of patella medial femoral condyle and extensive synovectomy, tricompartmental synovectomy of left knee. On 9-24-15, the injured worker complains of intermittent knee pain that becomes slight to moderate with activities of daily living. Work status is noted to be modified duties. Physical exam performed on 9-24-15 revealed tenderness in left with edema and restricted range of motion. Treatment to date has included left knee surgery, physical therapy (without documentation of benefit received) and activity modifications. The treatment plan included physiotherapy and chiropractic treatment to left knee 2 times a week for 6 weeks and continuation of contrast bath, massage, myofascial release and work conditioning. On 10-9-15 request for authorization was submitted for aqua therapy. On 10-17-15 request for 8 aqua therapy sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of aqua therapy two times a week for four weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed documentation indicated the worker was experiencing improved but ongoing left knee pain. The documented pain assessments were minimal and contained few of the elements encouraged by the Guidelines. There was no discussion describing a reason aqua therapy was expected to be more beneficial than a home exercise program. In the absence of such evidence, the current request for eight sessions of aqua therapy for the left knee done twice weekly for four weeks is not medically necessary.