MAXIMUS Federal Services

Case Number:	CM15-0027726		
Date Assigned:	02/20/2015	Date of Injury:	08/06/2009
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52-year-old female, with a reported date of injury of 08/06/2009. The diagnoses include osteoarthrosis of the right knee and right knee pain. Treatments have included physical therapy, x-rays of the bilateral knees, and oral medications.The progress report dated 01/15/2013 indicates that the injured worker stated that she felt better, but continued to have pain. She rated her pain 5 out of 10. The objective findings include moderate right knee pain with stiffness, a limp, weakness and limited range of motion of the right knee. The treating physician requested aquatic therapy comprehensive therapeutics three times a week for four weeks for the right knee to improve body mechanics, function, and flexibility. It was noted that the injured worker found minimal success with land therapy.On 02/02/2015, Utilization Review (UR) denied the request for aquatic therapy comprehensive therapeutics three times a week for four weeks for the right knee. The UR physician noted that there was no evidence that the injured worker was extremely obese or was unable to tolerate land-based physical therapy. The MTUS ACOEM Guidelines Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Comprehensive Therapeutic 3x4 weeks, Right knee: 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 Page(s): 22. Decision based on Non-MTUS Citation Pain section, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy comprehensive therapeutic three times per week for four weeks to the right knee is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis unspecified and pain joint, lower leg. The documentation indicates the injured worker started physical therapy on December 11, 2014. On January 15, 2015 a follow-up progress note states land therapy was not effective and the injured worker would like to start aquatic therapy. There were no physical therapy progress notes in the medical record. There was no documentation of objective functional improvement with physical therapy. There is no documentation of obesity in the medical record. There was no clinical indication for aquatic therapy in the record where the effect of gravity would be taken into account. Assuming the injured worker completed her course of physical therapy, additional therapy would be indicated only if exceptional factors or compelling facts and were noted in the medical record. There were no compelling clinical facts/exceptional factors in the medical record warranting additional physical therapy. Additionally, there was no clinical indication or rationale for aquatic therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement with initial physical therapy and clinical indication or rationale for aquatic therapy, aquatic therapy comprehensive therapeutic three times per week for four weeks to the right knee is not medically necessary.