

Case Number:	CM15-0220162		
Date Assigned:	11/13/2015	Date of Injury:	02/07/2013
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/09/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old male who sustained an industrial injury on 2-7-13. A review of the medical records indicates he is undergoing treatment for right knee internal derangement - status post right total knee replacement, right knee medial meniscus tear, and right shoulder rotator cuff tear. Medical records (7-8-15, 7-29-15, 8-31-15, 9-30-15, and 10-28-15) indicate ongoing complaints of left shoulder and right knee pain. He has rated his right knee pain as "2-3 out of 10". He reports that the knee pain's effects on activities of daily living include disrupted sleep, decreased appetite, decreased physical activity, increased anger, decreased concentration, less horse riding, and the inability to work all day and do yard work. The physical exam (10-28-15) reveals diminished range of motion with flexion of the right knee. "Mild" swelling is noted. The provider indicates that it is not painful to palpation. No pain is noted on flexion of the knee. He is noted to have a limp with the right leg. Diagnostic studies have included MRIs of bilateral knees. Treatment has included medications, a knee brace, physical therapy, a home exercise program, rest, elevation of the extremity, use of ice, an H-wave unit, and 12 sessions of aquatic therapy. The treating provider indicates that aquatic therapy has improved pain and swelling of the right knee. The record indicates that he continues to have pain with weight bearing and pivoting of the right knee. The provider indicates that the aquatic therapy has "eliminated the need for medications". The treatment recommendation includes the continuation of aquatic therapy. The utilization review (11-5-15) includes a request for authorization of aquatic therapy x 12 sessions for the right knee. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x12 sessions for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "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." Medical records do not include weight/height measurements, therefore BMI cannot be calculated. A diagnosis of "extreme obesity" cannot be established. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." ODG states regarding knee aquatherapy, "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, 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. In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The medical documentation is difficult to read and the written aquatic therapy notes appear to show some functional improvement and decrease in pain. While aquatic therapy would be appropriate, 12 session would be in excess of guideline recommendations. The patient should be assessed after six visits to see if he is moving in a

positive or a negative direction. As such, the request for Aquatic therapy x12 sessions for the right knee is not medically necessary.