

Case Number:	CM15-0224380		
Date Assigned:	11/20/2015	Date of Injury:	11/03/2010
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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 42 year old female who sustained an industrial injury on November 3, 2010. Medical records indicated that the injured worker was treated for right knee pain. Medical diagnoses include status post partial lateral and medial meniscectomy, chondroplasty of patella and medial and lateral femoral condyles and residual knee pain with contraction relating to chondromalacia. In the provider notes dated September 25, 2015 the injured worker complained of right knee pain. She states she is unable to walk due to knee pain and can hardly bear weight on the right knee. She feels that her right knee pain is getting worse. She rates her pain 9 to 10 on the pain scale without medications and 7 on the pain scale with pain medications. The pain interferes with activities of daily living, sleep, and mood. On exam, the documentation stated there was tenderness to palpation of the right knee throughout the joint especially at the pre-patellar tendon. "Unable to do forward extension. Flexion on 70% only with considerable pain." Moderate swelling on right knee." The treatment plan includes medications, continue use of heat, ice, rest and gentle stretching and exercise and water physical therapy. A Request for Authorization was submitted for aqua therapy for the right knee x 6 sessions. The Utilization Review dated October 28, 2015 denied the request for aqua therapy for the right knee x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the right knee x 6 sessions: Overturned

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.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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) There is indication in the patient's physical exam of severe knee pain and conditions, which would benefit from aqua therapy compared to land based physical therapy. Therefore, the request is medically necessary.