

Case Number:	CM15-0031622		
Date Assigned:	02/26/2015	Date of Injury:	06/23/2009
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 47-year-old female, who sustained an industrial injury on 6/23/09. She has reported neck, shoulder and knee injuries. The diagnoses have included C4-5 disc herniation with left C5 radiculitis, left hip internal derangement, status post left shoulder labral tear repair, bilateral carpal tunnel syndrome, left knee patellofemoral arthralgia, weight gain and L5-S1 degenerative disc disease. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of ongoing left pain, sleep disturbance, neuropathic pain and anxiety. On physical exam dated 1/16/15 lumbar spine is moderately to severely tender with limited range of motion and referred back pain with straight leg raise and left knee tenderness, small joint effusion and positive patellar compression is also noted. On 1/22/15 Utilization Review non-certified pool therapy to bilateral knees, 8 sessions, noting the lack of evidence of functional improvement from previous unspecified amounts of physical therapy. The MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of pool therapy to bilateral knees, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Pool Therapy to Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

Decision rationale: Aqua therapy is 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. 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. The recommended number of visits follows those recommended for land-based physical therapy. 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 therapy) In this case there is no documentation that the patient requires therapy that minimizes the effects of gravity. In addition the requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.