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| Case Number: | CM15-0035899 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 10/23/2014 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 70 year old female who sustained an industrial injury on 10/23/2014. Current diagnoses include tear medial meniscus, tear lateral meniscus, synovitis/tendinitis/bursa, and chondromalacia. Previous treatments included medication management, knee surgery, 20 prior aqua therapy sessions, and knee injection. Report dated 03/09/2015 noted that the injured worker presented with complaints that included a flare-up of knee pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/29/2015 non-certified a prescription for aquatic therapy 2 times per week for 3 weeks for the right knee, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 2 times weekly for 3 weeks, Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic 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. 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 maybe required to preserve most of these gains (Tomas-Carus, 2007)". There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. The patient underwent 20 sessions of aqua therapy without documentation of functional improvement. Therefore the prescription of Aquatic therapy, 2 times weekly for 3 weeks, Right knee is not medically necessary.