

Case Number:	CM15-0055197		
Date Assigned:	03/30/2015	Date of Injury:	01/07/2013
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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 62 year old female with an industrial injury dated January 7, 2013. The injured worker diagnoses include bilateral knee internal derangement. She has been treated with diagnostic studies, prescribed medications, brace and periodic follow up visits. According to the progress note dated 2/12/2015, the injured worker reported bilateral knee pain with numbness and off balance and intermittent sharp bilateral leg pain with pins and needles sensation. Objective findings revealed bilateral tenderness of medial knees and positive bilateral edema. The treating physician prescribed services for pool therapy for the bilateral knees now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the bilateral knees, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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)” In this case, the objective findings dated February 12, 2015 documented only mild tenderness and edema to the knees . There is no documentation for a clear benefit expected from Aquatic therapy. It is not clear why the patient would require supervised therapy as opposed to an independent home exercise program. Therefore, the prescription of Pool therapy for the bilateral knees, twice weekly for four weeks is not medically necessary.