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| Case Number: | CM15-0055782 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 04/05/2001 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on April 5, 2001. She has reported lower back pain, neck pain, and knee pain. Diagnoses have included lumbar spine disc herniation, lumbar spine radiculopathy, and chronic pain syndrome. Treatment to date has included water therapy that decreased the pain, lumbar epidural injections, physical therapy, acupuncture, psychotherapy, chiropractic care, lumbar spine surgery, right total knee arthroplasty, imaging studies, and diagnostic testing. A progress note dated February 12, 2015 indicates a chief complaint of bilateral knee pain and swelling, neck pain, lower back pain, right leg numbness, and left foot numbness. The treating physician documented a plan of care that included water therapy. The progress report indicates that the patient has completed 13 sessions of water therapy which has helped "a lot". The note indicates that the water therapy helps "improve her activity level." She has been able to increase her walking distance by about 10 minutes with water therapy. The note goes on to indicate that the patient has undergone 24 visits of water therapy per year for 15 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 1xWk x 8Wks for the right knee, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Physical medicine treatment; Physical/Occupational therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, the requesting physician indicates that the patient has undergone extensive aquatic therapy in the past. It appears the patient has exceeded the maximum number recommended by guidelines for her diagnosis, and there is no indication as to why the patient would be unable to continue with a home exercise program intended to maintain the objective functional improvement which has been obtained with the previous water therapy sessions. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.