

Case Number:	CM15-0059326		
Date Assigned:	04/03/2015	Date of Injury:	01/17/2012
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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 57 year old female, who sustained a work/ industrial injury on 1/17/12. She has reported initial symptoms of neck, shoulder and arm, left hip, back, and bilateral knee pain. The injured worker was diagnosed as having tricompartmental osteoarthritis of left knee, possible tuft fracture of left hand, upper/low back pain, supraspinatus and infraspinatus full thickness tear, disc degeneration of cervical spine, and arthritis of the hands. Treatments to date included medications, diagnostics, epidural steroid injection, surgery (left knee arthroscopy with meniscal surgery, chondroplasty, and debridment), physical therapy, and acupuncture. Magnetic Resonance Imaging (MRI) was performed on 1/26/13, 3/30/12, and 5/17/12. Electromyogram/ nerve conduction velocity (EMG/NCV) was performed on 5/29/12. X-ray's were performed on 2/27/12. Currently, the injured worker complains of ongoing neck, back, left hip, left shoulder, and left thumb pain. The treating physician's report (PR-2) from 3/6/15 indicated the injured workers hand appeared to have a slight ulnar deviation bilaterally, swan's neck deformity on the 5th digit of her left hand, decreased grip bilaterally, valgus deformity of the left knee, tenderness at the medial joint line and lateral joint line on the left knee, and ambulates with a cane for long distances. Treatment plan included Independent Aquatic therapy program with heated pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent Aquatic therapy program with heated pool access (months) Qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines.

Decision rationale: Aquatherapy 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 documentation does not support the necessity for minimization of the effects of gravity. In addition the request is for 6 months of aquatherapy with a heated pool. This surpasses the recommended number of six visits for a clinical trial. The request should not be authorized.