

Case Number:	CM15-0230706		
Date Assigned:	12/04/2015	Date of Injury:	04/07/2004
Decision Date:	01/14/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 62-year-old female who sustained an industrial injury on 4-7-2004 and has been treated for right and left knee joint pain, and aftercare bilateral total knee arthroplasty performed in 2012. On 10-27-2015 the injured worker reported that symptoms had not changed, and she was experiencing bilateral knee pain and discomfort, described as moderate and intermittent. She had seen an orthopedic physician who suggested revision surgery, but she would like to avoid another surgery. She is noted to be currently working full duty. Significant objective findings include decreased range of motion in both knees, with tenderness, but no swelling, bruising or redness. Documented treatment includes surgery, injections, NSAIDS, and the note dated 6-10-2015 states that the injured worker "has been working extensively with physical therapy for range of motion on knees over the last 6 months." The treating physician's plan of care includes 6 sessions of aquatherapy for the right knee, and 6 sessions for the left knee. Both were denied on 11-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Documented treatment includes surgery, injections, NSAIDS, and the note dated 6-10-2015 states that the injured worker has been working extensively with physical therapy for range of motion on knees over the last 6 months. The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self directed program. ODG guidelines report, "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." Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aqua therapy treatment. Therefore the request is not medically necessary.

Aquatic therapy 2 times a week for 3 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Documented treatment includes surgery, injections, NSAIDS, and the note dated 6-10-2015 states that the injured worker has been working extensively with physical therapy for range of motion on knees over the last 6 months. The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report, "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." Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aqua therapy treatment. Therefore the request is not medically necessary.