

Case Number:	CM14-0120699		
Date Assigned:	08/06/2014	Date of Injury:	08/10/2011
Decision Date:	10/17/2014	UR Denial Date:	07/06/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year old male with an injury date of 8/10/11. Based on the 6/17/14 progress report by [REDACTED] this complains "knee still hurts, but not like it used to." This patient reports "it hurts a little" when twisting the knee, or "getting up after sitting for a long time." Exam of the patient by [REDACTED] notes "no change." Diagnoses for this patient are status post TKA 10/2012 and left knee internal derangement. The utilization review being challenged is dated 7/08/14. The request is for 6 additional aquatic therapy visits. The requesting provider is [REDACTED] and he has provided various progress reports from 1/29/14 to 6/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 visits of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Aquatic therapy

Decision rationale: This patient presents with persistent pain of the low back and both knees. The provider requests 6 additional aquatic therapy visits. Regarding aquatic therapy, MTUS states: "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." MTUS also allows 9-10 sessions for myalgia/myositis type of symptoms. In the 6/11/14 progress report, the provider states this patient has "completed six aqua therapy visits and had helped him significantly." The provider requests an additional six after the third viscosupplementation, in light of the "diminution in the inflammatory response." MTUS allows up to 10 sessions and the current request for 6 more added to 6 already received would exceed MTUS guidelines. There is no specific need for therapy following knee injection. The patient should be able to transition in to home exercise program. Therefore, this request is not medically necessary.