MAXIMUS Federal Services

Case Number:	CM14-0162498		
Date Assigned:	10/07/2014	Date of Injury:	02/22/2013
Decision Date:	12/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational Medicine 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 is a 47 year old female with a 2/22/13 injury date. In an 8/22/14 note, the patient complained of left knee pain, headaches, and dizziness. The patient had been working despite her discomfort. Objective findings included a positive McMurray's sign and intact tandem gait. The provider recommended Naprosyn, Remeron, aquatic therapy, and a 15 pound lifting limitation. In a 5/29/14 note, the patient complained of 4-5/10 left knee pain when walking without the brace. Objective findings included left knee tenderness to palpation with reduced range of motion, slight swelling, and tenderness over the anteromedial portion of the knee. Diagnostic impression: left knee osteoarthritis. Treatment to date: medications, left knee arthroscopy, work restrictions, physical therapy, cortisone injections. A UR decision on 9/11/14 denied the request for swimming pool exercises on a daily basis due to inability to bear weight on left knee (2 x 6) because there was no explanation of why reduced weight bearing would be desirable at this relatively late stage in the life of the claim, status post earlier knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Swimming pool exercises on a daily basis due to inability to bear weight on left knee 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no discussion of exceptional factors that would necessitate aquatic therapy compared to traditional physical therapy or home exercise. These factors would include obesity, limb deformity, or gait problems. Therefore, the request for swimming pool exercises on a daily basis due to inability to bear weight on left knee two times six is not medically necessary.