

Case Number:	CM14-0168150		
Date Assigned:	10/15/2014	Date of Injury:	08/04/2005
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 67 year old male with a date of injury on 8/4/05. Subjective complaints are of left knee pain rated at 7/10, with grinding, popping, and decreased mobility. Physical exam shows a weight of 176 pounds, an antalgic gait, and use of a cane. Knee strength was 3/5 with extension and 4/5 with flexion, and range of motion of 0-115 degrees. Patient has received 12 sessions of aquatic therapy this year. Request is for additional aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatherapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy 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. The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. For this patient, there is no evidence of extreme obesity, and the patient has had multiple prior sessions of aqua therapy without objective indications of progressive improvement. Further therapy should be based on a formal assessment validating functional improvements. Therefore, the medical necessity of aquatic therapy is not established at this time.