MAXIMUS Federal Services

Case Number:	CM13-0050638		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2009
Decision Date:	02/28/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a female patient with a date of injury of April 1, 2009. A utilization review determination dated November 8, 2013 recommends non-certification of aqua therapy. A progress note dated September 6, 2013 identifies subjective complaints of the patient reporting that her right knee feels better although she complains of occasional pain. The patient complains of residual pain in the right shoulder especially with motion activities. The patient states that the prescribed medications have been helping her. To date she has received six sessions of physical therapy, eight sessions of chiropractic treatment, and 12 sessions of acupuncture. The patient feels that her condition has slightly improved at this time. The physical examination reveals tenderness to palpation over the paracervical, sternocleidomastoid, trapezius, and levator scapulae muscles bilaterally. The lumbar spine physical examination reveals tenderness with palpation over the lumbar and gluteus muscles with spasm noted. The right shoulder reveals tenderness with palpation over the rotator cuff, and the right knee reveals a well-healed surgery scar on the joint. The diagnoses include cervical spine strain/sprain, multilevel cervical disc protrusion with left C6-7 neuroforaminal narrowing, cervical spondylosis with degenerative disc disease, thoracic spine sprain/strain, lumbar spine sprain/strain, multilevel lumbar disc bulge, lumbar spondylosis, right shoulder strain/sprain, right shoulder status post ORIF, right shoulder rotator cuff tear, right elbow tendinitis, right wrist and hand strain/sprain, strain/sprain of the right knee status post arthroscopy x2, tricompartmental chondromalacia of the right knee status post TKR, status post scope the surgery with manipulation under anesthesia of the right knee, anxiety/depression, insomnia, and epigastric pain secondary to helicobacter pylori infection. The treatment plan

recommends tramadol 50 mg every eight hours PRN pain #90, physical therapy with active range of motion exercise to the right knee with a stationary bike for 20 minutes three times a day, referral to a pain management specialist for chronic pain program, and continue to use IF 4 unit at home. An aqua therapy initial evaluation dated June 27, 2013 identifies objective goals for bilateral knees of increased active range of motion by 5-10, increased strength by 1/2 grade, and increase endurance and ease with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aqua therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is a statement recommending a home exercise program on a regular basis, but there is no statement indicating that the home exercise program has been modified and that it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aqua therapy is not medically necessary.