

Case Number:	CM14-0213013		
Date Assigned:	12/30/2014	Date of Injury:	08/07/2013
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a 51-year-old female with an injury date of 08/07/2013. Based on the 07/10/2014 progress report, the patient complains of having left knee pain which she rates as a 10/10. She has pain with standing/walking for extended periods, feels like the knee is compacted with standing and with pressure on the knees, and feels popping when she strains the knee. The 10/28/2014 report indicates that the patient has pain in her right hand, right hip, right knee, and left leg. Her right wrist/hand pain is localized, intermittent, and sharp. She has numbness/tingling in her wrists, hands, and fingers as well as weakness in her right hand. Her right hip pain radiates to her lower back and the patient has discomfort with lying on her right side. Her right knee pain is intermittent, aching, and is somewhat localized. She walks with an uneven gait and has difficulty ascending/descending stairs. Her left leg pain is described as being constant/aching. She puts minimal weight on the left side and has difficulty ascending/descending stairs. In regards to the bilateral knees, patellar grind maneuver is positive, tenderness is present at the medial aspect, and there is slight weakness on extension secondary to mild pain. Radiography of the bilateral knees taken on 10/28/2014 revealed flattening of the patellar surface. A slight amount of medial joint space narrowing is noted in both the right and left knee. The patient's diagnoses include the following: De Quervain's tenosynovitis. Hip bursitis with arthrosis. Mild knee chondromalacia and patellar tendonitis. The utilization review determination being challenged is dated 11/21/2014. There are 3 treatment reports provided from 07/10/2014, 10/28/2014, and 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22; 98-99.

Decision rationale: The patient presents with pain in her right hand, right hip, right knee, and left leg. The request is for aqua therapy 2 times a week for 4 weeks. There is no utilization review denial rationale provided. The reason for the request is not provided. MTUS Guidelines page 22, chronic pain medical treatment guidelines: Aquatic therapy is "recommended as an optional form of exercise where available, as an alternative to land-based physical therapy. Aquatic (including swimming) can minimize effects of gravity, so it specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some component 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." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. It does not appear that the patient has had any prior aquatic therapy. The 10/28/2014 report states, "The patient underwent 24 visits of physical therapy which only minor in aiding her in her recovery." Besides this general statement, there is no documentation of any specific functional improvement from the prior physical therapy the patient has had. There is no discussion provided as to why the patient cannot continue land-based therapy. None of the reports mention if the patient is extremely obese. However, the patient does have severe leg pain and knee pain. In regards to the bilateral knees, the patient had a positive patellar grind maneuver and an x-ray showed flattening of the patellar surface. Although the patient did not benefit much from the prior physical therapy, a trial of 8 sessions of aquatic therapy appears reasonable. The requested aqua therapy 2 times a week for 4 weeks is medically necessary.