

Case Number:	CM14-0216165		
Date Assigned:	01/06/2015	Date of Injury:	09/22/2006
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/24/2014

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 & Rehabilitation

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 66 year old female with the injury date of 09/22/06. All three reports provided by the treater contain little information regarding the patient's condition, treatment history, medications, etc.. Per physicians report 09/05/14, the patient has low back pain and headaches. The patient still sees a podiatrist and a knee surgeon. The patient has had chiropractic treatment in the past. The patient returned to modified work on 09/05/14. The lists of diagnoses are: 1) Joint pain, hand. 2) Sprain/ strain of neck. 3) Carpal tunnel syndrome Per 07/10/14 hand- written progress report, the patient wears a knee brace. The patient is s/p right revision total knee arthroplasty and the date of a surgery is not provided. The patient still has a fair amount of pain. The pain is worse by descending stairs generally. The range of right knee is 0-115 degrees of flexion with no effusion. Per 06/11/14 hand-written progress report, the patient has completed 10 sessions of physical therapy. The patient ambulates with a cane. The patient uses an ankle brace due to swelling. The patient is taking Naproxen. The utilization review determination being challenged is dated on 12/17/14. Three treatment reports were provided from 06/11/14 to 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AQUA THERAPY 2 X 4; RIGHT ANKLE: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her lower back and right knee. The patient is s/p right revision total knee arthroplasty but the date of a surgery is not provided. The request is for 8 sessions of AQUA THERAPY for the right ankle. The utilization review letter on 12/17/14 indicates that the patient has had aqua therapy in October 2014 with help. There was evidence of improvement in strength and balance but the foot pain did not improve. MTUS page 22 states that aquatic therapy is recommended 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. In this case, the treater has asked for aqua therapy but does not discuss why this is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. The patient recently had 10 sessions of land therapy and the patient ambulates with a cane. The patient is able to climb stairs, albeit with pain when descending. The treater does not explain why aquatherapy is needed at this juncture and why the patient's home exercises are inadequate. The request IS NOT medically necessary.