

Case Number:	CM14-0053734		
Date Assigned:	07/07/2014	Date of Injury:	08/30/2011
Decision Date:	01/06/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 North Carolina. 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:

The patient is a 45-year-old with a reported date of injury of 8/30/2011 through 11/13/2013. The patient has the diagnoses of bilateral knee strain, status post bilateral knee arthroscopic surgery 2012 and gait disorder. Per the progress notes provided by the requesting physician dated 03/19/2014, the patient had complaints of bilateral knee pain left greater than right. The patient had lost 15 pounds since previous visit by monitoring caloric intake. The physical exam noted bilateral knee tenderness with decreased range of motion. The treatment plan recommendations included MR arthrogram, orthopedic consult, aquatic therapy and soft knee braces. Per the progress reports dated 01/08/2014, the patient weighed 380 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. For recommendations on the number of supervised visits, see Physical Medicine. Water exercise improved some components 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. Per the provided documentation this patient is 6 foot 3 inches and weighs 380 pounds. This places him with a BMI that makes him morbidly obese. Per California MTUS Guidelines, this is one indication for aquatic therapy; therefore, the request is medically necessary.