

Case Number:	CM15-0106556		
Date Assigned:	06/10/2015	Date of Injury:	06/07/2014
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker (IW) is a 39-year-old female who sustained an industrial injury on 06/07/2014. Diagnoses include right knee pain and mechanical symptoms, right knee chondromalacia, right knee effusion and right knee grade II signal on the meniscus. Treatment to date has included medications, physical therapy, steroid injection and home exercise. According to the progress notes dated 4/22/15, the IW reported constant moderate to sharp, stabbing right knee pain aggravated by prolonged standing and/or walking. On examination, right knee flexion was 135 degrees and extension was 0 degrees. There was 3+ tenderness to palpation of the anterior, posterior and medial knee. A request was made for aquatic therapy twice weekly for six weeks for the right knee; right knee arthroscopy would be considered if this course of therapy is unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Aquatic Therapy Section Physical Medicine section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. The injured worker has already attended 12 aquatic therapy sessions yet continues to rate pain as a 10/10 with activities of daily living. As there has been little to no therapeutic benefit from prior aquatic therapy sessions, the request for aquatic therapy 2 times, a week for 6 weeks for the right knee is determined to not be medically necessary.