

Case Number:	CM15-0124511		
Date Assigned:	07/07/2015	Date of Injury:	07/28/2011
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 47 year old female, who sustained an industrial injury on 7/28/2011. The injured worker was diagnosed as having pain in knee joint/leg and limb pain. Treatment to date has included diagnostics, arthroscopic left knee surgery in 12/2011 and 4/2013, physical therapy, Functional Restoration Program, and medications. Currently (4/01/2015), the injured worker was seen for follow up for left knee x-ray and triple phase bone scan. She took Aleve and stated it lowered her pain. Other prescribed medications included Gabapentin and Lidoderm patches. She ambulated with crutches. Motor strength was 3/5 to the left ankle, flexion and extension. She was prescribed Naprosyn and did not like to use Lidoderm patches. Her work status was permanent and stationary. The current treatment recommendation was for aqua therapy for the left knee, 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy for the left knee, two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine.

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

Decision rationale: According to MTUS guidelines, 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 maybe required to preserve most of these gains. (Tomas-Carus, 2007). The patient ambulates with crutches and has difficulty performing land based physical therapy. She might benefit from aqua therapy sessions; however, the frequency of the treatment should be reduced from 12 to 6 or less sessions. More sessions will be considered when functional and objective improvement is documented. Therefore the prescription of aquatic therapy for the left knee, two times a week for six weeks is not medically necessary.