

Case Number:	CM15-0179653		
Date Assigned:	09/21/2015	Date of Injury:	06/14/2014
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Washington, 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 is a 50-year-old female with a reported date of injury of 06-14-2014. The diagnoses include right knee chondromalacia, right knee meniscus tear, right knee pain, right knee patellar tendinitis, and right knee sprain and strain. The diagnostic studies to date have included a MRA of the right knee on 05-15-2015 which showed posterior horn medial meniscus tear, chondromalacia, osteoarthritis, and tendinosis. Treatment and evaluation to date have included surgery (partial menisectomy 2014), medications and physical therapy. The patient is not obese and has a BMI of 28.1. The progress report, dated 08-03-2015, reported the injured worker continued to complain of intermittent, moderate, stabbing 7/10 right knee pain and stiffness associated with prolonged sitting, standing, and walking. Non-impact aerobic exercises and medications control the pain. Objective findings of the right knee showed a slow, guarded gait; a healed scar and mild swelling; decreased and painful range of motion of the right knee; tenderness to palpation of the right anterior knee, lateral knee, medial knee, and posterior knee; and positive McMurray's test. The treating physician recommended twelve aquatic therapy sessions to increase range of motion and activities of daily living, and to decrease pain for the right knee. The injured worker was instructed to remain off work until 09-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 sessions to right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Exercise, Physical Medicine.

Decision rationale: Aquatic therapy is an alternate form of physical medicine therapy that minimizes the effects of gravity. It is effective and specifically recommended for patients with significant weight bearing difficulties, such as morbid obesity or other significant weight bearing problems. It is also very effective and highly recommended in patients with fibromyalgia. The literature reflects strong evidence that physical activity is key in returning individuals to function. The MTUS notes the significant benefits from regular exercise in returning individuals to function and relieving discomfort. However, it notes that when aquatic therapy is used for rehabilitation, the improvement in movement and function requires regular and high intensity exercise against gravity to maintain those improvements. Additionally, the MTUS recommends fading of physical medicine treatments to allow for transition to effective, self-directed home therapy. This patient has not been diagnosed as being obese or having fibromyalgia. Although she walks with an antalgic gait, she can bear weight. There is no documentation that the patient has tried and failed physical therapy nor is there any documentation showing a need for aquatic therapy over land-based physical therapy. Considering all the information available there is no medical indication for aquatic therapy at this time. Medical necessity has not been established.