

Case Number:	CM15-0067710		
Date Assigned:	04/15/2015	Date of Injury:	09/08/2014
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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
 Certification(s)/Specialty: Family Practice

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 29 year old female who sustained an industrial injury on 9/8/14 from a slip and fall landing on her hands and knees. She initially was able to walk unassisted but about three hours later she noted pain in her right wrist and thumb and bilateral knees. She was given a wrap, x-rayed, given pain medication, naproxen and physical therapy. She was diagnosed with contusion of the knees, right wrist, right thumb; right ankle sprain/ strain. She currently complains of right wrist pain especially with repetitive gripping, right greater than left knee pain with popping and giving way especially when using stairs, right ankle pain with prolonged standing and walking and ongoing right thumb pain. Her pain level is 4-7/10. Current diagnoses include right wrist sprain, De Quervain's tenosynovitis, tendinitis; right thumb/ interphalangeal joint sprain; bilateral knee sprain; right ankle sprain. Treatments to date include medication, physical therapy, and chiropractic sessions. On 3/5/15 the treating provider requested aquatic therapy for bilateral knees and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EVALUATION, BILATERAL KNEES, PER 03/05/15 ORDER:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, p. 22, AND Physical Medicine, pp. 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was insufficient information provided to help justify this request for aquatic physical therapy. There was lack of report of significant benefit from prior physical therapy sessions, and there was a report of ability to work out without an increase in symptoms. So it is not clear from the documentation why aquatic therapy was recommended over land-based therapy or even more appropriate, continuation of home or unsupervised exercises. Therefore, the request for aquatic therapy evaluation for the knees is not medically necessary.

AQUATIC THERAPY, TWICE WEEKLY FOR 4 WEEKS, BILATERAL KNEES, PER 03/05/15 ORDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, p. 22, AND Physical Medicine, pp. 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was insufficient information provided to help justify this request for aquatic physical therapy. There was lack of report of significant benefit from prior physical therapy sessions, and there was a report of ability to work out without an increase in symptoms. So it is not clear from the documentation why aquatic therapy was recommended over land-based therapy or even more appropriate, continuation of home or unsupervised exercises. Therefore, the request for aquatic therapy x 8 for the knees is not medically necessary.