

Case Number:	CM15-0095302		
Date Assigned:	05/21/2015	Date of Injury:	03/25/2012
Decision Date:	06/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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 (IW) is a 64-year-old female who sustained an industrial injury to the left knee, left shoulder and right foot on 03/25/2012. Diagnoses include ongoing left knee pain, uncertain etiology, status post prior meniscectomy and documented mild arthritis, ongoing right foot pain suggestive of Morton's neuroma and ongoing impingement, left shoulder. Treatment to date has included medications, physical therapy and left knee arthroscopy. According to the Qualified Medical Evaluation dated 12/4/14, the IW reported left knee stiffness, anterior swelling, clicking and giving way and pain when walking; pain can be rated 6-7/10; right shoulder pain with extension/reaching; weakness in the left leg; stiffness in the low back, left knee and right foot. She also reported numbness and tingling in the toes of the right foot. On examination, the right shoulder was within normal limits. There was mild effusion in the left knee with tenderness at the lateral and medial joint lines and crepitus with motion; flexion was 110 degrees. The right foot had positive tenderness over Morton's neuroma and mild pes planus on both feet. A request was made for aquatic therapy for left knee and right foot twice weekly for four weeks; on 1/23/14, height was 5'2" and her weight was 228 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for left knee and right foot, twice a week for four weeks: Upheld

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: 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)". There is no clear evidence that the patient have difficulty performing land-based physical therapy. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of Aquatic therapy for left knee and right foot, twice a week for four weeks is not medically necessary.