

<b>Case Number:</b>	CM13-0001897		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/16/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 51-year-old female who sustained injuries to her low back and right knee on October 16, 2008. The records available for review state that the claimant underwent right total knee arthroplasty, performed in February 2010. The records also documented that the claimant was status post knee arthroscopies in September 2012 and February 2013. A clinical assessment dated September 23, 2013, indicated ongoing knee and low back complaints. During physical examination, it was noted that the claimant was seated in a wheelchair to avoid potential falls. The claimant reported that she is unable to perform activities of daily living without crutches due to pain. Examination to the left knee showed positive apprehension, trace crepitus, a trace anterior drawer and no documented instability. McMurray's examination was unable to be performed due to pain. Diffuse medial and lateral joint line tenderness was noted. Lumbar examination was not performed, as the claimant was unable to be removed from the wheelchair. Imaging of the knees showed a valgus deformity of the left knee with underlying tricompartment degenerative change. The right knee showed evidence of well-cemented total knee arthroplasty. Imaging of the low back was not referenced. This request is for home health services four hours a day, five days per week and eight sessions of additional aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH SERVICES FOR 4 HOURS A DAY 5 DAYS A WEEK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** California MTUS Chronic Pain Guidelines would currently not support home health services in this case. Specific home health services were not listed in the request. Additionally, while the claimant was noted to have degenerative changes to the left knee, there is no diagnosis referenced that would indicate the claimant has a homebound status. The request for Home Health Services is not medically necessary

**AQUATIC THERAPY TIMES 8 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22. Page(s): 98-99,22.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the role of eight additional sessions of aquatic therapy in this case. The records available for review indicate that the claimant has been treated with extensive courses of physical therapy since time of injury. In the chronic setting, physical therapy can be recommended for the management of acute symptomatic flares. This individual's examination and clinical complaints, while prevalent, do not appear to be acute in nature. This request for Aquatic Therapy is not medically unnecessary