

Case Number:	CM13-0022266		
Date Assigned:	11/13/2013	Date of Injury:	05/07/1999
Decision Date:	02/20/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 60 YO male with a date of injury of 05/07/1999. The listed diagnoses per [REDACTED] dated 07/07/2013 are: 1. Failed TKA, right 2. Carpal tunnel syndrome 3. Chronic pain due to trauma 4. Major Depression This patient is status post diagnostic arthroscopy and open synovectomy (08/20/2012). According to report dated 08/07/2013 by [REDACTED] patient has a long orthopedic history of multiple surgeries on the right knee. Patient is complaining of pain with weight bearing, stating "he cannot walk more than 2 blocks without developing unbearable pain and swelling." Patient states he wants to begin exercising more to lose weight. It was noted that patient has tried an M-brace which helps. He has failed NSAIDs and is currently on high narcotic regimen which still does not adequately treat his pain. Treater requests a new M-brace, a gym membership and x36 aqua therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty-six water therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy.

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

Decision rationale: This patient presents with long orthopedic history of multiple right knee surgeries. Treater is requesting 36 aqua therapy sessions to work on ROM, gait training, and low impact exercises in the water. Utilization review dated 08/23/2013 modified certification to 6 aqua therapy sessions with the additional 30 not being certified. There are multiple references to prior aqua therapy sessions, so it is presumed that this patient has had prior therapy. Unfortunately, there are no therapy reports provided; therefore the exact number of therapy received is unclear. MTUS pg 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing. The MTUS pg 98, 99 under physical medicine section states that 9-10 sessions are indicated for various myalgia and myositis type symptoms. In this case, this patient would benefit from a course of aqua therapy as the patient has weight -bearing restrictions. However, the 36 requested sessions substantially exceeds what is recommended by MTUS guidelines. Recommendation is for denial.