

Case Number:	CM13-0037658		
Date Assigned:	12/18/2013	Date of Injury:	10/08/2005
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 51-year-old female who reported an injury on 10/08/2005. According to the documentation, the patient underwent right knee total knee replacement on 11/15/2012, and left knee total knee replacement on 02/26/2013. The patient continues to struggle with daily pain in her knees and hips, describing the pain as constant, sharp, and stabbing, and averages 8/10 to 8.5/10. The patient was most recently seen on 12/03/2013 whereupon she reported popping in her left knee and a grabbing sensation in her right knee with walking. Her pain still remains at a 7.5/10 to 8/10 without medications and the patient was noted to be able to walk with a walker for 12 minutes a day, stand for 7 minutes, and sitting varies. The patient is unable to climb stairs or kneel, and she relies on her daughter to help with her daily activities. She completed physical therapy and continues doing her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2 x 6: 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: Regarding the request for pool therapy 2 times a week for 6 weeks, under California MTUS Guidelines, it states that 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. In the case of this patient, it was noted that she has completed physical therapy and is continuing to do home exercises. However, the documentation does not indicate the patient is unable to perform land based physical therapy at this time. Therefore, the medical necessity for aquatic therapy cannot be established. As such, the requested service is non-certified.