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| Case Number: | CM13-0050279 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 05/27/2009 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 11/11/2013 |

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 Occupational Medicine 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:

Patient is a 72-year-old-female who has submitted a claim for degenerative arthritis, right knee (valgus deformity), s/p left total knee arthroplasty, and lumbar spine degenerative disc disease associated with industrial injury date of 5/27/09. Medical records from 2013 were reviewed which revealed constant throbbing and gnawing pain along the anterior and posterior aspect of both knees. Patient has difficulty sitting, walking, lying down, standing and driving. Pain scale was 8/10. Physical examination of lumbar spine showed no tenderness. Straight leg raise was negative bilaterally. Range of motion of right hip was at 10 degrees extension, 100 degrees in flexion, 35 degrees in abduction, 25 degrees in adduction, 20 degrees at internal rotation and 25 degrees on external rotation. Trendelenburg was negative. There was valgus deformity with crepitation in the lateral compartment of the knee. She has varus pseudolaxity. Collateral stability was intact. X-ray done on 8/29/13 showed right knee has genu valgum deformity and complete joint space collapse on the lateral side with some mild medial tibial subluxation. Treatment to date has included, left knee arthroscopy on 11/9/2009, left total knee arthroplasty done on 8/10/11, right knee aspiration on 5/8/12, cortisone injection of right knee, physical and aqua therapy sessions. Medications taken were Norco 10/325mg, Bentyl, Zoloft 50 mg, Valium 2 mg, Zantac 150 mg and Zestril 40 mg. Utilization review from 10/3/13 denied the request of aqua therapy 2x6 for the right knee because additional information is needed to clarify why aquatic therapy is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY, TWO TIMES PER WEEK FOR 6 WEEKS FOR THE RIGHT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUA THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section Page(s): 22.

Decision rationale: As stated on page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity or fractures of the lower extremity. In this case, patient had physical therapy and aquatic therapy sessions as mentioned on progress report dated 9/12/13. However, total number of sessions was not disclosed. Patient continues to have bilateral knee pain graded 8/10. In addition, patient's records revealed that her height was 5'3" with weight of 218 lbs. Body mass index of the patient was 39, which may render the patient a candidate for reduced weight bearing. However, there is no indication why the patient could not participate in land-based physical therapy. In addition, progress should be closely monitored, and the number of visits requested would exceed a customary initial trial. Therefore, the request for aqua therapy 2 times per week for 6 weeks for right knee is not medically necessary.