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| <b>Case Number:</b>   | CM13-0056283 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/01/2006 |
| <b>Decision Date:</b> | 03/31/2014   | <b>UR Denial Date:</b>       | 11/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/22/2013 |

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 10/01/2006. The patient reportedly injured his right lower extremity while stepping off a bus. The patient is currently diagnosed as status post right knee replacement and recent revision on 06/25/2013. A request for authorization for pool therapy once per week for 4 weeks was submitted on 10/29/2013. However, there is no physician progress report on the requesting date of 10/29/2013. The most recent physician progress report is submitted on 09/27/2013 by [REDACTED]. The patient reported a decrease in swelling and improved range of motion. The patient had not restarted physical therapy. Physical examination revealed a small pin point area of drainage at the incision site, a decrease in swelling, and 0 degrees to 125 degrees range of motion. Treatment recommendations included initiation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 1 time a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, Postsurgical Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, the patient's physical examination only revealed decrease in swelling and 0 degrees to 125 degrees range of motion. There is no indication of the need for reduced weight-bearing as opposed to land-based physical therapy. The medical necessity has not been established. Therefore, the request is non-certified.