

Case Number:	CM14-0001188		
Date Assigned:	01/29/2014	Date of Injury:	06/06/2011
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This individual was injured in June, 2011. The records presented for review note the mechanism of injury and that the injury sustained was a meniscal lesion. Surgical intervention to address the intra-articular pathology was completed. A partial certification of 7 days of a continuous passive motion machine is noted. The date of injury was noted to be 2011, and the surgery was completed in May, 2013. Other pain devices (TENS) were requested and not certified in the preauthorization process. The physician progress report dated November 21, 2013 noted ongoing right knee pain, headaches, and left shoulder pain. There is right elbow pain, lumbar pain, and bilateral hip pain. Sleep has been reportedly compromised. Numerous comorbidities to include anxiety, depression, hypertension, asthma, diabetes and gastrointestinal issues are noted. A total knee arthroplasty has been completed. The diagnosis code indicates enthesopathy in the knee. Multiple pain interventions have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, aquatic therapy can be supported if there is a clinical indication as to why the appropriate land-based therapy cannot be completed. This is an individual with numerous comorbidities (diabetes, hypertension, asthma etc.), however, there is no indication why this far out from the total knee arthroplasty a home exercise protocol augmented with periodic land-based physical therapy could not be completed. It is also noted that the injured employee has a recent 43 pound weight loss which would make land therapy more appropriate as the patient's obesity appears to have been addressed. As such, there is insufficient data presented to support this request.