

Case Number:	CM14-0006800		
Date Assigned:	02/07/2014	Date of Injury:	01/18/2010
Decision Date:	07/22/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & 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 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:

The patient is a 55-year-old female who has submitted a claim for persistent right knee pain and instability status post total knee replacement and left knee pain status post arthroscopy and meniscectomy associated with an industrial injury date of 01/18/2010. Medical records from 07/30/2013 to 01/30/2014 were reviewed and showed that patient complained of bilateral knee pain with mechanical symptoms of catching and popping. There were no associated radiations, numbness, or tingling sensation. Physical examination revealed moderate left and right knee effusion with diffuse pain to palpation. Right knee range of motion (ROM) was 15-80 degrees while left knee range of motion (ROM) was 0-130 degrees. Magnetic resonance imaging (MRI) of both knees done September 15, 2009 revealed bilateral tricompartmental arthritis. MRI of the right knee done April 29, 2010 revealed medial meniscus tear, severe medial compartment osteoarthritis, large joint effusion, and moderate to severe cartilage thinning in the patellofemoral compartment. MRI of the left knee done September 2, 2012 revealed medial meniscus tear, early tricompartmental degenerative joint disease, and posterior medial popliteal fossa synovial cyst. Treatment to date has included total right knee arthroplasty (2010), two right knee revision arthroplasties (September and November 2012), two knee arthroscopies with partial medial meniscectomy (2009 and 2010), three Synvisc injections to right knee, cortisone injection, aquatic & physical rehabilitation, left knee arthroscopy with partial medial and lateral meniscectomy with chondroplasty medial femoral condyle (1/30/2014), oxycodone-acetaminophen 5/325 mg three to four times per day (TID-QID), Hydrocodone-acetaminophen 10/325 mg as needed (PRN), Morphine 15mg two times per day (BID), Gabapentin 300mg every day at bedtime (QDHS). Utilization review, dated 01/07/2014, denied the request for twelve visits of aquatic physical therapy because there was no narrative presented to indicate why appropriate physical therapy could not be completed with a land-based protocol. Furthermore, all

that would be indicated this far out from the arthroplasty was a home exercise protocol. Therefore, there was insufficient clinical data presented to support the request for 12 sessions of water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER PHYSICAL THERAPY 12 VISITS: Upheld

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

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

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is 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. In this case, there was no objective evidence that supports land-based physical therapy as inappropriate for the patient. It is unclear as to why water physical therapy is needed. Body part to be treated is likewise not specified. Therefore, the request for water physical therapy (PT) for twelve (12) visits is not medically necessary.