MAXIMUS Federal Services

Case Number:	CM14-0176582		
Date Assigned:	10/29/2014	Date of Injury:	11/03/1998
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

Injured worker is a male with date of injury 11/3/1998. Per letter from the requesting physician dated 9/12/2014, the injured worker has a lot of pain and discomfort in his right knee. His left knee is starting to take the brunt of walking and standing activities. His right lower extremity is quite weak from multiple hip surgeries, in addition to his knee revision. He is at risk for significant fall. He needs to have gait rehab and fall prevent, as well as aqua therapy. This should be provided to him at least twice a week for the next six to eight weeks. Clearly, he is at risk for further damage to his lower extremity if his is not provided with appropriate rehab. No physical examination is reported. Diagnossi is bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait Rehab, Fall Prevention, & Aqua Therapy 2 x 6-8 to the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Gait Training

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section Page(s): 22, 98-99.

Decision rationale: Gait training is not addressed by the MTUS Guidelines. The ODG recommends the use of gait training. Gait training is teaching patients with severe neurological or musculoskeletal disorders to ambulate, or to ambulate with an assistive device, and is necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not appropriate when the individual's walking ability is not expected to improve, or for relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device, when these transient gait abnormalities may be remedied by simple instructions to the individual. Gait training may include treadmill training and body-weight support systems, as well as other modalities. Gait training, muscle strengthening, and other exercise training are considered active procedures, and are recommended. The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is inteded to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The medical reports do not provide sufficient information to support the use of gait training and aquatic therapy for this injured worker. Medical necessity of this request has not been established within the recommendations of the ODG or MTUS Guidelines. The request for Gait Rehab, Fall Prevention, & Aqua Therapy 2 x 6-8 to the Bilateral Knees is not medically necessary.