

<b>Case Number:</b>	CM14-0026095		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 61-year-old male sustained an industrial injury on 9/13/01. The mechanism of injury was not documented. The patient was status post above the knee amputation on the left in 2001. He underwent right total knee replacement on 5/14/13 followed by 3 weeks of home care physical therapy and at least 24 visits of out-patient physical therapy. Additional therapy was requested on 9/19/13 for 6 visits to focus on gait pattern to normalize his stride. Strength was 4+/5 all lower extremity motions. Hip mobility was markedly limited in flexion. The 2/7/14 treating physician report indicated the right knee replacement was in good condition with some soreness. A new prosthesis was required as the stump was remodeling. A water leg was requested to allow for performance of aquatic therapy and recreational activities, such as fishing. The 2/24/14 utilization review denied the requests for physical and aquatic therapy based on lack of documentation of frequency/duration of prior therapy or functional benefit to that therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to bilateral lower extremities (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period expired on 11/14/13. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have been met. There is no current documentation of a specific functional deficit or functional treatment goal to support the medically necessary of current care consistent with guidelines. The patient received post-op physical therapy that exceeded the general course of treatment with functional lower extremity strength documented. Prior therapy should have allowed for full maturation of a home program. There is no compelling reason presented to support the medical necessity of supervised physical therapy over an independent home exercise program. Therefore, this request for physical therapy 2x6 to bilateral lower extremities is not medically necessary.

**Aquatic therapy to bilateral lower extremities (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS recommend 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. The use of aquatic therapy for this patient, as an alternative to land-based therapy, would be appropriate when the physical medicine guidelines are met. There is no current documentation of functional need for therapy. There is no documented functional treatment goal. There is no compelling reason presented to support the medical necessity of supervised aquatic therapy over an independent program. Therefore, this request for aquatic therapy 2x6 to bilateral lower extremities is not medically necessary.