

Case Number:	CM14-0045704		
Date Assigned:	07/02/2014	Date of Injury:	01/12/2007
Decision Date:	08/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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:

On the follow up visit note dated 01/09/2014, the patient complained of swelling, crepitus, and pain in the knee. He was noted to be 8 months post-op right knee ACI, TTO and lateral release. He reports he could not extend his knee because of the crepitus and pain. On exam, there is mild effusion in the knee. The patient ambulates with a right leg limp. He has severe crepitus with active extension of the knee in a seated position. Passive extension is 0 degrees, triggering less pain, but triggers pain in the lateral aspect of the knee. The patient's knee flexion is roughly 140 degrees and Quad strength is 4+. He is recommended to have transportation to and from surgery and physical therapy only; and a home health aide. A Worker Report dated 02/05/2014 states the patient's symptoms are unchanged and he continues with pain. Water therapy has been requested 3 times a week for 12 weeks and transportation to therapy. Prior utilization review dated 03/13/2014 states the request for Pool therapy once a week for 12 weeks, right knee is not certified based on evidence submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy once a week for 12 weeks, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 01/20/14) Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Aquatic Therapy.

Decision rationale: The above CA MTUS guidelines state that aquatic therapy is recommended as 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, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. The ODG guidelines for knee arthritis medical treatment: 9 visits over 8 weeks and post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks and derangement of meniscus; loose body in knee; chondromalacia of patella post-surgical: 12 visits over 12 weeks. The patient in this case is s/p (status post) arthroscopy and debride, anterior interval release, chondroplasty, synovectomy, and plica resection per operative note on 1/29/14. The above guideline state aquatic therapy is recommended where reduced weight bearing is desirable, which is the case here with knee arthritis s/p arthroscopy. In addition, the ODG guidelines above state initiating aquatic therapy just 6 days after total knee arthroplasty improved patient-reported outcomes. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.