

Case Number:	CM14-0048075		
Date Assigned:	07/02/2014	Date of Injury:	06/20/2003
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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, has a subspecialty in Interventional Spine 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 59 year old female with an injury date on 06/20/2003. The listed diagnoses per [REDACTED] dated 04/01/2014 is osteoarthritis of the knee. According to this report, the patient complains of right knee pain, but the total knee replacement was in good position. The patient's current medications are Nabumetone, Prilosec, and Norco. These medications improve the patient's ability to function. There were no other significant findings noted on this report. The utilization review denied the request on 04/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/11/2013 to 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for right knee: Upheld

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

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

Decision rationale: According to the 04/01/2014 report by [REDACTED] this patient presents with right knee pain. The patient is status post of the knee replacement on 09/13/2013 and currently outside of post-operative time frame for therapy. The physician is requesting aquatic therapy 2 times a week for 4 weeks. Regarding aquatic therapy, MTUS guidelines recommends as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 07/11/2013 to 04/01/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the physician does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. Given no recent therapy history, a short course of therapy may be reasonable to address flare-up's or change in clinical presentation. Therefore the request is not medically necessary.