

Case Number:	CM14-0056223		
Date Assigned:	07/09/2014	Date of Injury:	02/07/1983
Decision Date:	09/24/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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 58-year-old male with an injury date of 02/07/1983. Based on the 03/27/2014 progress report, the patient presents with severe and ongoing left knee pain but is managing pain with current medication regimen. The 02/05/2014 report also states that the patient has depression and anger management. The patient has an antalgic gait which continues to worsen. The patient's diagnoses include anxiety disorder, total knee replacement left, degenerative joint disease right knee, and knee pain, bilateral. The utilization review determination being challenged is dated 04/07/2014. Treatment reports were provided from 10/10/2013 - 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 8 for the left knee: Upheld

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

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

Decision rationale: Based on the 03/27/2014 progress report, the patient presents with severe and ongoing left knee pain. The 03/27/2014 report states that the physician is requesting physical

therapy; aqua therapy 3 times a week for 8 weeks. There was no indication if the patient had any previous physical therapy sessions and when these physical therapy sessions may have occurred. 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. In this case, there is no documentation of extreme obesity or the need for reduced weight bearing. There is no reasoning provided as to why the patient is unable to tolerate any land-based therapy. There is no documentation of extreme obesity and the requested number of treatments exceeds what is allowed by MTUS Guidelines. As such, the request is not medically necessary.