

Case Number:	CM14-0061542		
Date Assigned:	07/09/2014	Date of Injury:	05/23/2011
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 5/23/11. The diagnoses include osteoarthritis, unspecified whether generalized or localized, lower leg tear of medial cartilage or meniscus of knee and pain in the joint, lower leg. The patient is status post left total knee arthroplasty on 11/11/13. Under consideration is a request for aquatic therapy 3x Wk x 4Wks left knee. There is a primary treating physician report dated 3/20/14 that states that the patient is coming along slowly with his progress. He still has aching and soreness inside and outside of the knee which has been a cause for concern but he still remains somewhat encouraged by his progress at this point. Objective findings are stiffness and limited range of motion in the left knee. The treatment plan is a request for aquatic therapy three times a week for 4 weeks to regain strengthening and stabilization to improve muscle function and balance to the left knee, as well as recommend continuing with physical therapy. A 10/17/13 document states that the patient to undergo a left total knee arthroplasty on November 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3x Wk x 4Wks Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Aquatic therapy-p Page(s): p. 98-99;, 22, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Aquatic Therapy 3x Wk x 4Wks left knee is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has had at least 30 authorized PT sessions. This exceeds the California MTUS post surgical guideline recommendations for physical therapy visits for this surgery. There is no extenuating circumstance which would indicate that the patient needs an additional 12 sessions. Furthermore there is no documentation of intolerance to land based physical therapy. The patient should be well versed in a home exercise program at this point. The request for aquatic therapy 3 x week for 4 weeks left knee is not medically necessary.