

Case Number:	CM13-0058735		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2011
Decision Date:	04/16/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; total knee arthroplasty on May 31, 2013; and at least 12 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report of November 19, 2013, the claims administrator denied a request for 12 sessions of aquatic therapy, stating that there was no evidence that the applicant was having difficulty performing land-based therapy. The applicant's attorney subsequently appealed, on November 25, 2013. A clinical progress note of December 3, 2013 is notable for comments that the applicant has persistent knee pain, bilateral, left greater than right. The applicant does exhibit a limp. The applicant has diminished sensorium and fairly good knee range of motion with 90 degrees of flexion about the right knee. It is stated that the applicant needs additional physical therapy following the total knee replacement on the right side. The applicant is placed off of work, on total temporary disability. In a medical multidisciplinary team conference dated December 3, 2013, it is stated that the applicant is having persistent deficits pertaining to the knee. The applicant scores a 56/100 in terms of a battery of lower extremity tests. The applicant is having difficulty doing prolonged standing, prolonged sitting, walking two blocks, walking over a mile, and/or doing hobbies. On November 11, 2013, the applicant was issues with several oral and topical agents and again placed off of work, on total temporary disability. On October 31, 2013,

the applicant was again described as exhibiting limited right knee range of motion and again exhibited a limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSION: Overturned

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 and 99.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines aquatic therapy is recommended as an optional form of the exercise therapy in individuals who have difficulty performing land-based therapy and/or land-based exercises. In this case, the applicant is apparently having deficits pertaining to ambulation. The applicant does exhibit a limp. The applicant has issues with bilateral knee pain, it is further noted. The applicant has range of motion deficits about the operated upon right knee in addition to have ongoing issues with left knee pain. The applicant is having difficulty performing basic activities of daily living such as climbing stairs, standing, walking, etc. Given the magnitude of the applicant's deficits, failure to return to work, the fact that the applicant has apparently only had 12 sessions of physical therapy following the total knee arthroplasty in question, and the fact that the applicant has bilateral knee issues, the 12 session course of treatment proposed by the attending provider is certified, although this does, it is incidentally noted, result in extension of treatment slightly above the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of the various body parts.