

<b>Case Number:</b>	CM15-0009476		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 39 year old male, who sustained an industrial injury on 12/01/2005. The diagnoses have included status post autologous chondrocyte implantation and status post scar tissue resection. Treatment to date has included injections, medication, physical therapy, and activity modification. Currently, the IW complains of right ankle, right knee and left hip pain. Objective findings included a smooth gait, zero degrees of knee extension, and 160 degrees knee flexion. There is a slight right knee effusion. On 1/10/2015, Utilization Review non-certified a request for 12 sessions of pool therapy and gym program, 12 sessions of acupuncture and 12 sessions of massage therapy and modified a request for 18 sessions of physical therapy noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of 12 sessions of pool therapy and gym program, 12 sessions of acupuncture, 12 sessions of massage therapy and 18 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Pool Therapy and Gym Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. He has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The 12 Sessions of Pool Therapy and Gym Program is not medically necessary and appropriate.

**Physical Therapy x 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered

has not resulted in any functional benefit. The Physical Therapy x 18 sessions is not medically necessary and appropriate.

**Massage Therapy x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Myofascial Pain/therapies, page 772-773

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2005 injury status post significant conservative physical therapy currently on an independent home exercise program. The patient continues to remain not working. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage Therapy x 12 sessions is not medically necessary and appropriate.