

<b>Case Number:</b>	CM15-0135313		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 73-year-old female with a July 25, 2006 date of injury. A progress note dated June 8, 2015 documents subjective complaints (continues to have pain in the left knee following a left total knee arthroplasty; difficulty weight bearing and walking across the room secondary to the pain), objective findings (tenderness along the mid medial and mid lateral joint line; bilateral lower extremities from about the mid anterior tibia to the ankles is moderately swollen, tense with minimal color changes; mildly tender), and current diagnoses (left knee pain status post left total knee arthroplasty). Treatments to date have included left knee surgery and therapy. The treating physician documented a plan of care that included a motorized wheelchair and water physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** The claimant sustained a work injury in July 2006 and underwent a left total knee replacement. When seen, she was occasionally using a walker. Physical examination findings included marked obesity. There was joint line tenderness and lower extremity swelling. Recommendations included 12 sessions of cool therapy and eight motorized wheelchair. Power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant is able to ambulate with a walker and the information provided does not confirm that the mobility deficit cannot be resolved through the use of an optimally configured manual wheelchair. A motorized wheelchair is not medically necessary.

**Water physical therapy 2x6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in July 2006 and underwent a left total knee replacement. When seen, she was occasionally using a walker. Physical examination findings included marked obesity. There was joint line tenderness and lower extremity swelling. Recommendations included 12 sessions of cool therapy and eight motorized wheelchair. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.