MAXIMUS Federal Services

Case Number:	CM15-0163726		
Date Assigned:	08/31/2015	Date of Injury:	02/28/2012
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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, Pain Management, 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:

This injured worker is a 60 year old female who reported an industrial injury on 2-28-2012. Her diagnoses, and or impression, were noted to include: status-post left total knee replacement with residual median pain and sub-optimal range-of-motion; osteoarthritis of both knees; pain in lower leg joint; and chronic pain. No current imaging studies were noted. Her treatments were noted to include: a supplemental orthopedic joint panel qualified medical evaluation on 7-18-2015; physical therapy; medication management; and rest from work. The progress notes of 8-6-2015 reported continued, constant, moderate pain to the left knee. Objective findings were noted to include the use of a dynasplint which helped with range-of-motion; "E.M."; tenderness over the medial soft disuse sleeve of the right knee; and a stable right knee with decreased range-of-motion. The physician's requests for treatments were noted to include aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy two (2) times a week for four (4) weeks: 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 Page(s): 22.

Decision rationale: MTUS 2009 states that aquatic therapy is an option and is specifically recommended when reduced weight bearing is desirable. The patient underwent a total knee replacement and has as suboptimal response due to pain with weight bearing and reduced range of motion. Therefore, a trial of aquatic therapy to reduce weight bearing and promote ambulation after the total knee replacement is medically necessary and adheres to MTUS 2009 evidence based guidelines.