

Case Number:	CM15-0165021		
Date Assigned:	09/02/2015	Date of Injury:	04/24/2001
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/22/2015

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 70-year-old female sustained an industrial injury on 4-24-01. Documentation indicated that the injured worker was receiving treatment for bilateral knee osteoarthritis. Previous treatment included left total knee replacement (7-12-02), left knee revision arthroplasty (8-6-14), physical therapy and medications. Documentation did not disclose the number of previous physical therapy sessions. X-rays of the right knee (3-12-15) showed significant medial compartment narrowing, lateral compartment narrowing and marginal osteophytes. In a qualified medical evaluation dated 7-17-15, the physician stated that the injured worker had limitation of mobility on the right with weakness. The injured worker would need a right total knee replacement as part of future medical care. In a PR-2 dated 7-24-15, the injured worker was "getting stronger. The left knee was better than the right one". The injured worker was taking only Tylenol occasionally. Physical exam was remarkable for left knee with a well-healed wound, range of motion 0 to 120, mild swelling, 5 out of 5 extensor hallucis longus motor strength and normal sensation. The treatment plan included continuing exercising and walking. On 7-28-15, a request for authorization was submitted for water therapy, twice a week for six weeks. On 8-4-15, Utilization Review denied a request for water therapy twice a week for six weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2 X 6 for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2001 and continues to be treated for bilateral knee pain. She underwent a left total knee replacement in July 2002 with revision surgery in August 2014. A right total knee replacement is being planned. When seen, her left knee was getting stronger. She was taking Tylenol occasionally. Physical examination findings included knee range of motion from 0 to 120 degrees. There was mild swelling. Authorization is being requested for 12 sessions of pool therapy. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. The physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of aquatic therapy, it 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 has right knee osteoarthritis and a history of a left total knee replacement with revision and could have difficulty participating in land-based exercises. A trial of pool therapy might 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 were 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.