

Case Number:	CM15-0182570		
Date Assigned:	09/23/2015	Date of Injury:	02/06/2008
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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:

The injured worker is a 47 year old female who sustained an industrial injury on 2-6-2008. A review of medical records indicated the injured worker is being treated for internal derangement of the right knee status post two previous meniscectomies with grade II and grade III chondromalacia along the medial femoral condyle, patellar joint as well as moderated tricompartmental arthritis by MRI and complex degenerative tear of the posterior horn of the medial meniscus and trace joint effusion, now status post-operative arthroscopy of the right knee, synovectomy, chondroplasty, and meniscectomy performed on 4-22-2013 and chronic pain and related inactivity has caused her to gain 30 pounds as well as depression and sleep disorder. Medical records dated 6-23-2015 noted she walked with a limp. She uses a front wheeled walker. She could extend to about 165 degrees on the right and flexion was to 115 degrees with pain across the joint line. She had tenderness along the inner and outer patella. Treatment has included 24 sessions of physical therapy and surgery to the right knee. MRI of the right knee dated 1-2014 revealed absent medial meniscus consistent with prior meniscectomy, moderate medial compartment, degenerative joint disease, increased subchondral lesion of the lateral femoral condyle and joint effusion which is approximately 10 months prior to x-ray showing tricompartmental osteoarthritis with severe joint space loss and bone on bone articulation. Utilization review form dated 8-17-2015 noncertified Aqua therapy 3 x a week x 4 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:

Aqua therapy 3 times per week for 4 weeks right knee: Upheld

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

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, page 87.

Decision rationale: The claimant sustained a work injury in February 2008 and is being treated for right knee pain and has a without arthroscopic surgery in April 2013 with a meniscectomy with chondroplasty and synovectomy. When seen, she was having more pain and was using a rolling walker. She had been approved for a right total knee replacement. There was decreased knee range of motion with joint line tenderness and mild swelling. Her BMI is nearly 33. 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 claimant is also about to undergo a right total knee replacement and will receive post-operative physical therapy after her surgery. If she was unable to participate in land-based physical therapy after her surgery, then aquatic therapy could be considered. It is not medically necessary at this time.