MAXIMUS Federal Services

Case Number:	CM15-0196622		
Date Assigned:	10/12/2015	Date of Injury:	11/01/2000
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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:

The 72 year old male injured worker suffered an industrial injury on 11-1-2000. On 9-10-2015, the treating provider reported he has had a staged revision excision of total knee replacement on the right for previous infection. He had increased pain and it appeared clinically the right knee prosthesis at least on the tibial side was loose. There was bone destruction and the injured worker had a great deal of trouble even walking. The left knee also had an issue with pain although the range of motion and stability were better. The provider felt there was a losing battle with infection despite ongoing oral antibiotics and the inflammatory markers were elevating and had ongoing infection and a lose prosthesis. He recommended excision arthroplasty with possible re-implantation or arthrodesis in the future. He reported in the interim he would need a wheeled walker with a seat, as he cannot walk long distances without tiring and being in jeopardy of falling and to receive pool therapy. Request for Authorization date was 9-14-2015. The Utilization Review on 9-17-2015 determined non-certification for Additional pool therapy for the right knee pain, 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional pool therapy for the right knee pain, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2015 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The requested Additional pool therapy for the right knee pain, 2 times a week for 4 weeks, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker had a staged revision excision of total knee replacement on the right for previous infection. He had increased pain and it appeared clinically the right knee prosthesis at least on the tibial side was loose. There was bone destruction and the injured worker had a great deal of trouble even walking. The left knee also had an issue with pain although the range of motion and stability were better. The provider felt there was a losing battle with infection despite ongoing oral antibiotics and the inflammatory markers were elevating and had ongoing infection and a lose prosthesis. He recommended excision arthroplasty with possible re-implantation or arthrodesis in the future. He reported in the interim he would need a wheeled walker with a seat, as he cannot walk long distances without tiring and being in jeopardy of falling and to receive pool therapy. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Additional pool therapy for the right knee pain, 2 times a week for 4 weeks is not medically necessary.