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| Case Number: | CM15-0197842 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 10/04/2011 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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

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 64 year old male sustained an industrial injury on 10-4-11. Documentation indicated that the injured worker was receiving treatment for status post right knee arthroscopy (2012) with osteoarthritis. Additional treatment included physical therapy, aqua therapy and medications. Documentation did not disclose the number of previous therapy sessions. In a PR-2 dated 9-15-15, the injured worker reported having increased right knee pain and swelling over the last few months. The injured worker stated that aqua therapy helped the most in the past. The injured worker reported that his knee brace was worn out. Physical exam was remarkable for right knee with moderate diffuse swelling, tenderness to palpation at the joint lines with crepitus. The injured worker walked using a cane with a limp favoring the right lower extremity. The treatment plan included requesting authorization for aquatic therapy three times a week for four weeks for the right knee, an unloading knee brace and a series of three Synvisc injections. On 10-2-15, Utilization Review modified a request for aquatic therapy for the right knee three times a week for four weeks to four sessions of aquatic therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the Right Knee 3x4 per week # 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery with last arthroscopic surgery in 2012 nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy for the Right Knee 3x4 per week # 12 sessions is not medically necessary and appropriate.