

<b>Case Number:</b>	CM15-0200643		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/17/2000
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 67 year old female, who sustained an industrial injury on 5-17-00. The injured worker is diagnosed with bilateral knee pain and post bilateral total knee arthroplasty. The injured worker is not currently working. A note dated 8-12-15 reveals the injured worker presented with complaints of constant, moderate to severe bilateral knee pain (left greater than right) with intermittent swelling (left greater than right). She also reports right hip pain. A physical examination dated 8-12-15 revealed an altered gait, right knee range of motion 0-120 degrees and left knee is 0-120 degrees with laxity, mild to moderate effusion and increased warmth. Treatment to date has included wheeled walker, surgical intervention; complex revision left total knee arthroplasty in 2007, and right total knee arthroplasty in 2007, medications, TENS unit and home exercise program (walks for 3 minutes at a time due to pain). Diagnostic studies to date have included left knee x-ray. A request for authorization dated 8-25-15 for water physical therapy 12 sessions is non-certified, per Utilization Review letter dated 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Physical Therapy 12 sessions:** Upheld

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

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

**Decision rationale:** Water Physical Therapy 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The documentation is not clear on how much prior therapy the patient has had for this condition and the outcome. Furthermore, there are no extenuating reasons to exceed the recommended MTUS number of PT sessions for this condition. The request for water physical therapy 12 sessions is not medically necessary.