

Case Number:	CM15-0209065		
Date Assigned:	10/28/2015	Date of Injury:	09/02/2011
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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 50 year old male, who sustained an industrial injury on 09-02-2011. A review of the medical records indicates that the worker is undergoing treatment for sprains and strains of the knee, other tear of cartilage or meniscus of the knee, old disruption of anterior cruciate ligament and status post left total knee arthroplasty. The date of the left total knee arthroplasty is unclear but a note from 04-29-2015 indicates that the worker was status post left total knee arthroplasty. Subjective complaints (08-20-2015) included continued left knee pain that was rated as 3-4 out of 10 and stiffness with decreased range of motion. Objective findings of the left knee were notable for a slightly antalgic gait, ability to stand but lacking approximately 10 degrees of full extension, ability to flex between 88 to 90 degrees of flexion and minimal swelling. The plan included physical therapy and consideration of manipulation under anesthesia, although the physician noted that due to previous history of significant swelling after surgeries, the worker preferred to avoid manipulation under anesthesia. Subjective complaints (09-16-2015) included continued weakness in the muscles of the left leg. Objective findings (09-16-2015) of the left knee included well healed surgical incision, very mild amount of swelling, significant amount of atrophy of the quadriceps and hamstring muscles and range of motion from 0 to 95 degrees. Treatment has included Tramadol, at least 6 sessions of land based physical therapy and surgery. There was no documentation of significant pain relief or objective functional improvement with physical therapy. The physician noted that the injured worker requested to try aquatic therapy of the knee to see if it would improve strength in the muscles. The physician noted that it was believed that the injured worker would benefit from aquatic therapy due to potential to increase strength in the muscles that he had been unable to regain in a more conventional fashion. A utilization review dated 09-25-2015 non-certified a request for aquatic therapy 2x4 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x4 for The Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: Aquatic Therapy 2x4 for the left knee is medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The MTUS Post Surgical Guidelines recommend up to 24 post operative PT sessions for this patient's prior surgery. 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 documentation reveals that the patient has had 6 therapy sessions after a total knee replacement in 2014. Although the documentation does not reveal evidence of objective improvement from prior land based therapy it is not unreasonable to attempt 8 sessions of aquatic therapy for the left knee as the patient continues to have deficits, has a history of significant swelling after prior surgery, hopes to avoid manipulation of the knee under anesthesia, and has continued weakness and range of motion deficits in the knee. This request is medically necessary.