

<b>Case Number:</b>	CM15-0029027		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Preventive Medicine, Occupational 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:

This 67 year old male sustained an industrial injury to the back and right knee on 11/13/02. Previous treatment included magnetic resonance imaging, right total knee arthroplasty, physical therapy and medications. The injured worker underwent left total knee arthroplasty on 11/25/14. In an office visit dated 1/7/15, the injured worker complained of left knee pain 2-6/10 on the visual analog scale. The physician noted that the injured worker seemed to be better with improved range of motion. Sitting caused the knee to lock. Once he got moving, the knee seemed okay. The injured worker reported doing home exercises and using Icy Hot. X-rays taken during the office visit showed good alignment and good conformation around the femur. Current diagnoses included degenerative disc disease of the lumbar spine, bilateral total knee arthroplasty and obesity. The treatment plan included hydrotherapy to aid in the rehabilitation process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrotherapy 2 Times a Week for 4 Weeks to the Lumbar and Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section Page(s): 22, 98, 99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The injured worker is noted to have had surgery and has completed post-surgical physical medicine treatment. He is also inside the postsurgical physical medicine treatment period of 4 months. The Chronic Pain Medical Treatment Guidelines do not apply until the injured worker is outside the postsurgical physical medicine treatment period. As the surgery was on 11/25/2014, the request on 1/7/2015 is only 6 weeks following surgery. The medical reports also indicate that the injured worker has a home exercise program designed for him by physical therapy. There are no reports that he was not able to do land based therapy, or his home exercise program. The Chronic Pain Medical Treatment Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Hydrotherapy 2 Times a Week for 4 Weeks to the Lumbar and Bilateral Knees is determined to be not medically necessary.