

Case Number:	CM15-0215796		
Date Assigned:	11/05/2015	Date of Injury:	06/28/2005
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on 6-28-05. The injured worker was diagnosed as having stable left total knee arthroplasty. Treatment to date has included left total knee replacement on 5-20-15 and an unknown number of physical therapy sessions. On 9-24-15 the treating physician noted the injured worker "has returned to all daily activities." Physical exam findings on 10-7-15 included bilateral knee 2+ deep tendon reflexes of the patellofemoral and Achilles tendons. The injured worker was noted to be grossly neurologically intact from L2-S1. No left knee effusion was noted and range of motion was 0-120 degrees in flexion with no pain and no instability. Muscle strength of the knee was 5 of 5. On 10-7-15, the injured worker complained of mild discomfort with the knee. On 10-6-15 the treating physician requested authorization for aquatic therapy 3x6 for the left knee. On 10-13-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 6 weeks for the left knee: 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, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The current request is for Aquatic therapy 3 times a week for 6 weeks for the left knee. Treatment history includes physical therapy, medications, left total knee arthroplasty on 05/20/15, and CPM unit for post op use. The patient is retired. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. This patient is status post left knee arthroplasty on 05/20/15, per report 05/26/15, "postoperatively, the patient has good pain control and is tolerating physical therapy. The patient will be transferred to the acute rehab unit for ongoing physical therapy." Per report 06/28/15, the patient continues to participate in physical therapy. The treater recommended continuing therapy bi-weekly for 6 weeks. Per report 08/13/15, the patient is 3 months post op and presents with mild stiffness, and some intermittent diffuse pain and swelling. Treatment plan included "additional 18 sessions of both land and aquatic physical therapy TIW x 6 weeks in order to continue working on strengthening, range of motion, flexibility, gait, balance and overall function." On 10/07/15, the treater reported that the patient has no stiffness, and she "has returned to all daily activities. There is mild discomfort with the knee." Examination revealed no pain, no instability, normal ROM, no effusion and anterior incision has healed. Treatment plan included "PT, aqua therapy 2x wk, 6 wks." In this case, the patient has completed at least 18 physical therapy/aquatic therapy treatments and the request for an additional 12 sessions exceeds guideline recommendations. No rationale is provided as to why this patient is unable to transition to a self-directed home exercise regimen, either. Therefore, the request is not medically necessary.