

<b>Case Number:</b>	CM15-0035200		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 64-year-old female, with a reported date of injury of 09/16/2014. The diagnoses include status post right knee surgery, right knee contusion; chip fracture of the right patella, and head trauma with headaches. Treatments included a computerized tomography (CT) scan of the head, with no acute findings; physical therapy; and oral medications. The progress report dated 02/02/2015 indicates that the injured worker continued to experience headaches and pain in both legs and both knees. The physical examination showed tenderness and swelling of the right knee; right knee range of motion was 0-110 degrees; tenderness in the medial aspect of the left knee; and left knee range of motion was 0-120 degrees. The treating physician recommended aqua therapy for the right knee and a consultation with a Neurologist for evaluation of her headaches. On 02/06/2015, Utilization Review (UR) denied the request for aquatic therapy two times a week for four weeks for the right knee and consultation with a Neurologist. The UR physician noted that there was no objective evidence of musculoskeletal impairment. The MTUS Guidelines and the ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 times per week for 4 weeks to Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with headaches and right knee pain. The patient is s/p right total knee replacement on 11/18/14. The request is for 8 sessions of aqua therapy to the right knee. Per 02/02/15 progress report, examination reveals tenderness and swelling of the right knee. Range of the right knee is 0 to 110 degrees. The patient remains off work. MTUS page 22 states that aquatic therapy is "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." In this case, the treater has asked for aqua therapy but does not discuss why aqua therapy is needed over land based therapy or home exercises. The patient is s/p right total knee replacement surgery on 11/18/14 and recently had 13 sessions of therapy as post-op treatment. The patient is still within post-operative time-frame and up to 24 sessions of post-op therapy is allowed per MTUS following knee replacement. The patient may benefit from weight-reduced exercises given the knee replacement. The request IS medically necessary.

**Neurologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with headaches and right knee pain. The patient is s/p right total knee replacement on 11/18/14. The request is for neurologist consultation. CT scan of the head from 01/06/15 demonstrates unremarkable. The patient remains off work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater requested consultation with neurologist for evaluating the patient's headaches. The request is to determine causation, it would appear, and not for medical treatments. Labor code 9792.6 under definition of utilization review states that it does not include determinations of the work-relatedness of injury or disease. Given the patient's headache, specialist consultation/evaluation would appear reasonable the request IS medically necessary.