

Case Number:	CM15-0058370		
Date Assigned:	04/03/2015	Date of Injury:	05/05/2003
Decision Date:	06/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 75 year old female, who sustained an industrial injury on 05/05/2003. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and psychiatric treatments. Currently, the injured worker complains of constant low back and bilateral knee pain. The diagnoses include cervical spine disc bulge, thoracic spine disc bulge, lumbar spine disc rupture, status post left total knee replacement, and probable right knee derangement. The treatment plan consisted of 12 sessions of aquatic therapy for the bilateral knees, and 12 sessions of physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises since physical therapy was also ordered. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Physical therapy 2 times a week for 6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG and knee chapter pg 54.

Decision rationale: According to the guidelines, therapy is recommended in a weaning protocol for eventual exercises to be performed at home. The claimant had undergone prior left knee replacement but the right knee is pending. This request is not for post-op therapy since the request is for both knees. The recommendations for strains, myositis and derangements are up to 10 sessions. The request for 12 sessions exceeds this amount and is not medically necessary.