

Case Number:	CM15-0086578		
Date Assigned:	05/08/2015	Date of Injury:	05/14/2012
Decision Date:	06/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old female injured worker suffered an industrial injury on 05/14/2012. The diagnoses included lumbar fusion lumbar intervertebral disc displacement, right knee degenerative joint disease, depression and partial right knee replacement. The diagnostics included right knee x-rays. The injured worker had been treated with medications physical therapy and orthopedic surgeries. On 4/22/2015, the treating provider reported low back and knee pain. She had right total knee replacement on 3/27/2015. She had inpatient physical therapy and home physical therapy. The pain was 9/10 located right low back and right knee. There was decreased range of motions at the right knee due to pain and recent onset of left knee pain. She is utilizing a walker for walking. She reported the issues with her back and in the left knee from being overworked due to right knee pain. The treatment plan included water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Water Therapy Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for low back and knee pain. She underwent a right total knee replacement in March 2015 followed by land-based physical therapy. When seen, she had ongoing knee pain and was using a walker. Her BMI is over 33. Authorization for pool therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not require the number of requested treatments. Therefore, the request is not medically necessary.