

Case Number:	CM14-0136846		
Date Assigned:	09/03/2014	Date of Injury:	02/13/2014
Decision Date:	10/08/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

68 year old female claimant with an industrial injury dated 02/13/14. Exam note 09/08/14 states the patient returns left knee pain. She reports swelling and that that the pain is restricting her daily routine. She also mentions that she needs to take pain medication daily. There was no change in objective findings since the previous visit but that documentation is not available. There is no documentation of range of motion, sensation, or physical observations available. The patient was diagnosed with degenerative joint disease (DJD) left knee. Treatment includes pool therapy, physical therapy, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy / pool therapy: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, 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 exam notes from 9/8/14 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the additional post-operative physical therapy / pool therapy is not medically necessary and appropriate.