

Case Number:	CM14-0180963		
Date Assigned:	11/05/2014	Date of Injury:	08/14/2005
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 8/14/2005. Per primary treating physician's progress report dated 9/25/2014, the injured worker complains of increased left knee pain over the last two month. He was increasing his walking program and had soreness of the left knee. Despite decreasing the time walking symptoms persist. He reports that his knees swell. He is getting pain medication and pain management from a doctor. On examination left knee has minimal swelling. There is tenderness at lateral joint line. Flexion is from 110 to 0 degrees. Quad strength is 4/5. Diagnoses include 1) status post left total knee replacement in 2008 with increased symptoms 2) cervical spine fusion 3) lumbar spine fusion 4) right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy visits: Upheld

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 section, Physical Medicine section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize

the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The injured worker has been injured for over 9 years. The amount of physical therapy to date is not reported. The injured worker is not reported as being obese, and the reasoning and expectation of aquatic therapy are not described by the requesting physician. The injured worker already has a land based exercise program including walking. He reports pain with increased walking and persistent pain with reducing the amount of walking. No diagnosis or reason is provided however that would prevent the injured worker from continuing in walking or other land based exercise. Exercise in water does not necessarily require aquatic therapy. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 8 aquatic therapy visits is determined to not be medically necessary.

One x-ray of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342, 343.

Decision rationale: Per the MTUS Guidelines, knee radiographs are indicated following trauma where the presence of a fracture is suspected. The injured worker has developed pain with walking. There is no trauma history, and the physical exam is positive for mild swelling and lateral joint line tenderness. The requesting physician has not provided a rationale of why an x-ray of the left knee is desired. The request for one x-ray of the left knee is determined to not be medically necessary.