

Case Number:	CM15-0015524		
Date Assigned:	02/03/2015	Date of Injury:	07/20/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Hawaii
 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 66 year old female, who sustained an industrial injury on 07/20/2012. She has reported injury to the left knee pain. The diagnoses have included left knee arthrofibrosis status post total knee replacement for traumatic osteoarthritis; and lumbago. Treatment to date has included medication, aquatic therapy, physical therapy, and surgical intervention. Medications have included Vicodin. Surgical intervention has included left total knee replacement for treatment of post-traumatic osteoarthritis of a distal left femur fracture, performed on 05/05/2014. A progress note from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker has reported left knee pain. Objective findings included left knee is tender diffusely; reduced left knee range of motion; uses a cane; walks with a limp and bent knee gait on the left side; and intermittent low back pain. The treatment plan has included request for aquatic therapy for the left knee and lumbar spine; home exercises; and follow-up evaluation in two weeks. On 01/07/2015 Utilization Review non certified a prescription for Aqua therapy 3 x 4. The CA MTUS and the ODG were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of Aqua therapy 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy 22Physical Medicine 98-99 Page(s): 22, 98-99.

Decision rationale: The patient presents with chronic left knee pain status post left total knee replacement on 5/5/14. The current request is for aqua therapy 3x4. The treating physician report dated 12/5/14 is not provided for review. The UR report dated 1/7/15 states that the patient received 12 aquatic PT sessions in August 2014 and goes on to state that the treating physician report dated 12/5/14 indicates that the patient has 15-70 degree range of motion, decreased quad and hamstring strength and the patient was advised to perform home exercises. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request is not supported as the patient has previously received PT treatment, there is no documentation of a recent surgery or new injury and the 12 sessions are beyond the guideline recommendations. Recommendation is for denial.