

Case Number:	CM15-0016810		
Date Assigned:	02/05/2015	Date of Injury:	09/20/2011
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 injured worker is a 71 year old female, who sustained an industrial injury on September 20, 2011. She has reported left knee pain. The diagnoses regarding the injury were not documented in the reviewed medical record. Treatment to date has included medications, left total knee arthroplasty on July 14, 2014, and physical therapy. A progress note dated December 18, 2014 indicates a chief complaint of improved knee pain but with new left calf and posterior knee pain. Physical examination showed a slight flexion contracture of the knee with warmth but improved swelling. The treating physician is requesting water therapy three times each week for six weeks. On January 6, 2015 Utilization Review partially certified the request for water therapy with an adjustment to a total of nine sessions citing the MTUS chronic pain medical treatment guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy 3 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Knee & Leg

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

Decision rationale: The claimant is status post work-related injury occurring in September 2011 and underwent a left total knee replacement in July 2014. A trial of aquatic therapy is recommended for patients with 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. 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. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.