

Case Number:	CM15-0119831		
Date Assigned:	06/30/2015	Date of Injury:	11/07/2013
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58-year-old female who sustained an industrial injury on 11/7/2013 resulting in right knee pain. Initial diagnoses included right knee pain and adhesions, but no other pre-surgery diagnoses are named in the provided documentation. Treatment has included total right knee replacement, liner exchange, medication, chiropractic treatment, cortisone and Euflexxa injections, and physical therapy. The injured worker is stated to have seen some initial improvement in symptoms from these treatments, but continues to report pain, stiffness and a tearing sensation laterally. The treating provider's plan of care includes 12 sessions of aquatic therapy. Work status is not addressed in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right knee Qty:6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy to the right knee #12 sessions are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are pain in the joint lower leg; and primary localized osteoarthritis lower leg. The date of injury is November 7, 2013. In 2009, the injured worker had a right knee arthroscopy. On February 25, 2014, the injured worker had a right knee total arthroplasty. On January 12, 2015, the injured worker had corrective surgery to the affected knee the worker is 5'1" and 140 pounds. The BMI was 26.4. The treating provider received 8 postoperative physical therapy sessions. There was no documentation of the 8 land-based physical therapy sessions. There is no documentation demonstrating objective functional improvement or failure of the land-based physical therapy sessions. According to a May 7, 2015 progress note (by a non-requesting provider), the injured worker has ongoing right knee pain. Objectively, there was full flexion and full flexion with no focal medial or lateral joint line tenderness. The recommendation was for 12 sessions of aquatic therapy. As noted above, there is no documentation of failed land-based physical therapy. The worker has not received aquatic therapy to date. The documentation does not reflect aquatic therapy is specifically recommended to minimize the effects of gravity. There is no specific clinical rationale for aquatic therapy absent documentation of failed land-based physical therapy. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, documentation of failed land-based physical therapy and no documentation a minimization of the effects of gravity based on weight is required, aquatic therapy to the right knee #12 sessions are not medically necessary.