MAXIMUS Federal Services

Case Number:	CM15-0160024		
Date Assigned:	10/02/2015	Date of Injury:	05/01/2013
Decision Date:	11/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This is a 49-year-old female with a date of industrial injury 5-1-2013. The medical records indicated the injured worker (IW) was treated for right knee pain; left shoulder impingement; and left carpal tunnel syndrome. Physical therapy (PT) discharge notes (7-2-15) stated the IW attended 9 outpatient PT sessions for a trial of aquatic pool PT; she had three no-shows and three cancelled appointments. She met three of four of her short-term goals and three of seven of her long-term goals. The therapist stated the IW "required minimal to moderate cues with the use of her written copy" and was not using the pool exercise program independently. In the progress notes (7-28-15), the IW reported pain throughout the right knee and constant left shoulder pain radiating down the left arm. Pain was rated 10 out of 10 without medications and 6 to 7 out of 10 with them, which she considered somewhat tolerable. She was sedated from Morphine sulfate; this was to be discontinued and replaced with Nucynta ER 50mg every 12 hours. On examination (7-28-15 notes), there was moderate effusion of the right knee and passive and active range of motion was moderately painful. She had 3 to 4 out of 5 strength of the right knee and tenderness over the medial and lateral aspects. Her gait was moderately antalgic. Treatments included aquatic therapy, right knee aspiration and cortisone injection, viscosupplementation and right total knee arthroplasty. The IW was temporarily totally disabled. A Request for Authorization dated 7-21-15 was received for physical therapy independent pool program for four months for the right knee and left shoulder. The Utilization Review on 8-3-15 non-certified the request for physical therapy independent pool program for four months for the right knee and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy independent pool program for four months, right knee, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Physical Therapy independent pool program for 4 months, right knee, left shoulder. The report making the request was not made available. However, the report dated 07/28/2015 (30A) states, "She hasn't been able to do her community pool program for the last 3 weeks because we haven't approved continued community pool program which is only $[redacted]/month and it seems to help keep her stay active and helps decrease her pain. She required the community pool program to improve her strength to increase the likelihood she will have a successful total knee replacement." The patient is not post-surgical. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The physical therapy discharge report dated 07/02/2015 (10A) notes, "[redacted] has attended nine outpatient physical therapy treatment sessions between the dated of 04/29/2015 and 07/02/2015 for a trial of aquatic pool physical therapy". The patient is being discharged from one-to-one outpatient physical therapy treatment in the pool secondary to her desire to transition to an independent community-based pool program at our facility. She does not use her pool exercise program independently, as she required minimal to moderate cues with the use of her written copy. In this case, the patient has received 9 physical therapy sessions and was recently discharged from one-to-one aquatic therapy with no reports of functional improvement. The patient does not appear to be obese nor have any weight bearing issues. Furthermore, the physician does not specify the number of treatments requested for the duration mentioned. If this request was intended for an independent gym membership, the ODG guidelines provide no support for such request. The current request is not medically necessary.