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| Case Number: | CM15-0174877 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 11/16/2013 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 11-16-13. The injured worker was diagnosed as having right knee sprain-strain; post-operative stiffness, right knee replacement with pain; status post right knee arthroscopy followed by right knee arthroplasty contracture of joint lower leg. Treatment to date has included status post right total knee arthroplasty (7-14-14); status post manipulation right knee under anesthesia (8-29-14); physical therapy; aquatic therapy; right knee cortisone injection; acupuncture; urine drug screening; medications. Diagnostics studies included x-rays bilateral hip and lumbar spine (8-12-15). Currently, the PR-2 notes dated 7-16-15 indicated the injured worker was seen in this office for an orthopedic consultation. The provider notes the injured worker is currently working. His work related injury was of his right knee and received initial treatment of a brace, physical therapy and medications. He also reports that he had x-rays and a MRI of the right knee. The injured worker reports that as a result of this injury he has also experienced "difficulty sleeping, pain for more than two weeks, headaches, dizziness, loss of balance, metabolic disorder, bowel and bladder incontinence, and sexual dysfunction". He reports he is already taking medications for his injury and "is experiencing cognitive and gastrointestinal impairments". The provider documents "Ultimately, he required a knee arthroscopy surgery. He developed posttraumatic arthritis and underwent a right total knee arthroplasty in July 2014. He developed postoperative stiffness. He underwent manipulation under anesthesia as well as right knee arthroscopy afterwards. He is still having pain and stiffness in his right knee." A physical examination is documented by the provider as: "Examination of the right knee-He has a healed incision about

the anterior aspect of his knee. There is a trace effusion. Range of motion is 0-50 degrees. His knee has slight laxity and full extension, but is not significantly unstable. He is neurovascularly intact distally." An X-ray report for the bilateral hips dated 8-12-15 impression reports: "no acute fracture or dislocation. Mild osteoarthritis of the left hip joint." X-ray lumbar spine dated 8-12-15 impression: No acute fracture or dislocation. Anterior listhesis of L5 on S1. Moderate degenerative changes of the spine." X-ray knee right-weight bearing; Intact arthroplasty of the right knee joint. There is no evidence for acute fracture." A Request for Authorization is dated 8-27-15. A Utilization Review letter is dated 8-13-15 and modified-certification for the Pool therapy for the lumbar spine, bilateral knees and hip 2 times a week for 6 weeks, quantity: 12 sessions to an authorization of 2 times a week for 4 weeks (8 sessions). The requested treatment was modified by Utilization Review per the CA MTUS Chronic Pain Medical Treatment guidelines, "Aquatic Therapy: page 22 and "Physical Medicine" page 99. The provider is requesting authorization of Pool therapy for the lumbar spine, bilateral knees and hip 2 times a week for 6 weeks, quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the lumbar spine, bilateral knees and hip 2 times a week for 6 weeks, quantity: 12 sessions: 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): Physical Medicine.

Decision rationale: Guidelines recommend aquatic therapy sessions as an optional form of exercise therapy in cases when the effects of gravity need to be minimized. In this case, the patient had undergone an unquantified number of aquatic therapy sessions. The request for 2 aquatic therapy sessions per week for 6 weeks exceeds the 12 sessions recommended by guidelines and is not medically necessary and appropriate.