

Case Number:	CM15-0177051		
Date Assigned:	09/17/2015	Date of Injury:	01/30/2000
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 59 year old female, who sustained an industrial injury on January 30, 2000. The injured worker was being treated for right total knee replacement and allergic reaction to the right knee implant. Medical records (April 20, 2015 to July 20, 2015) indicate ongoing pain and loosening of the right knee with popping, clicking, and weakness. The physical exam (July 20, 2015) reveals a 6 inch incision, inability to deep knee bend, and pain of the patellar joint, medial joint line, and lateral joint line of the right knee. There is decreased right knee range of motion, which is unchanged. On June 26, 2013, x-rays of the right knee revealed the total knee prosthesis was in place without evidence of complication. Surgeries to date have included a right total knee replacement in 2013 and a revision of total knee replacement. Treatment has included aquatic therapy and medications including oral pain, topical pain, anti-epilepsy, anti-anxiety, and non-steroidal anti-inflammatory. Per the treating physician (July 20, 2015 report), the injured worker is to remain temporarily totally disabled. On (Date of RFA), the requested treatments included 8 sessions of aquatic therapy for the right knee. On August 10, 2015, the original utilization review non-certified a request for 8 sessions of aquatic therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Right Knee # 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in January 2000 with treatments including a right total knee replacement with revision surgery in February 2013. When seen, she had continued complaints of loosening of the right knee with popping, clicking, and weakness. Prior treatments had included aquatic therapy with benefit. Her last physical therapy was in October 2014. Physical examination findings included decreased right knee range of motion with positive patellofemoral compression testing. There was medial, lateral, and patellar pain. She was unable to perform a deep knee bend. Her weight is over 200 pounds. Authorization is being requested for eight additional aquatic therapy sessions. Aquatic therapy is recommended for patients with chronic low back pain or other 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. In this case, the claimant had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.