

Case Number:	CM15-0060122		
Date Assigned:	04/06/2015	Date of Injury:	02/05/2007
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania, Ohio, California
 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:

The injured worker is a 65-year-old male, with a reported date of injury of 02/05/2007. The diagnoses include end-stage right knee tricompartmental osteoarthritis, status post right total knee arthroplasty, and bilateral knee patellar tendinitis. Treatments to date have included oral medications, right knee total knee arthroscopy, physical therapy, a cane, and right manipulation under anesthesia. The medical report dated 10/01/2014 indicates that the injured worker complained of right knee pain. He rated the pain 6 out of 10. The variable intensity was rated 3-8 out of 10. An examination of the right knee showed swelling, tenderness to palpation, numbness, extension at 30 degrees, and flexion at 111 degrees. The treating physician requested eight aqua therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aqua therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Aquatic Exercise Page(s): 46, 99, 22.

Decision rationale: MTUS recommends active independent home exercise for most patients. This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. The records in this case do not provide a rationale for supervised aquatic exercise rather than independent home exercise. Thus, this request is not medically necessary.