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| Case Number: | CM15-0069037 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 01/06/2012 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/12/2015 |

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

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 50 year old male who sustained an industrial injury on 1/6/12. The diagnoses have included right knee osteoarthritis and knee joint effusion. Treatment to date has included medications, activity modifications, surgery, post-operative physical therapy and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee. The current medications included Naproxen, Zodol. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of right knee pain. The pain was rated 4-5/10 on pain scale which was unchanged from previous. He also reports swelling, stiffness, popping, decreased range of motion and decreased mobility with the right knee. It was noted that he has not recently received physical therapy or injections. It was also noted that he has recently had right knee arthroscopy with post -operative physical therapy but continues with debilitating right knee pain. Physical exam of the right knee revealed moderate tenderness on the medial and lateral joint line, mild effusion, and decreased range of motion with pain and crepitus. The physician noted that he will recommend aqua therapy to avoid forceful impact that would exacerbate the right knee pain. There was no previous therapy sessions noted. The physician requested treatment included Aquatic therapy one time per week for 9 weeks for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy one time per week for 9 weeks for right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, the patient is noted to have osteoarthritis of the knee with debilitating pain despite surgery and postoperative PT. A trial of aquatic therapy was recommended to avoid forceful impact to the knee and viscosupplementation injections are pending. Therapy in a reduced-weight environment is reasonable for the management of osteoarthritis of a weight bearing joint such as the knee. In light of the above, the currently requested aquatic therapy is medically necessary.