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| Case Number: | CM15-0069681 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 05/21/2011 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 59 year old female, who sustained an industrial injury on 05/21/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left knee replacement, keloided incision of total knee replacement, and postoperative fibrosis of the left total knee replacement. Treatment to date has included physical therapy, above listed procedures, medication regimen, and x-rays of the left knee. In a progress note dated 03/10/2015 the treating physician reports complaints of stiffness, pain, and swelling to the calf, foot, and left knee with a keloided wound. The treating physician requested aqua therapy and physical therapy for three times four weeks, but the documentation did not provide the specific reasons for the requested therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3 TIMES PER WEEK FOR 4 WEEKS TO THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 AQUA THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS TO THE LEFT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation; the stated goals of addressing ROM and stiffness could be addressed equally well in this chronic timeframe in independent home rehabilitation as opposed to supervised therapy. This request is not medically necessary.