

Case Number:	CM15-0071594		
Date Assigned:	04/21/2015	Date of Injury:	03/05/2012
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 3/5/2012. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having hip osteoarthritis, intervertebral disc disorder with myelopathy of cervical spine, cervical intervertebral displaced disc, cervical region spinal stenosis, and lumbar spinal stenosis without neural claudication, right shoulder tendinitis, shoulder pain, pre-patellar bursitis, and patella chondromalacia. Treatment to date has included right knee arthroscopy, right knee total replacement, laboratory evaluations, SPECT imaging, and medications. The request is for combined land therapy with pool therapy for the right knee. The records indicate he complained of intermittent left lower extremity pain on 10/7/2014, which had become less constant after lumbar spine surgery. On 10/31/2014, he was seen for continued right shoulder and knee pain. The records note he was 63 weeks post-op for right knee arthroscopy, and had received a cortisone injection on 8/14/14, which had given him 75-80% pain relief for a month. The treatment plan included: right knee total replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combined land-based physical therapy with Pool Therapy x 12 sessions for the right knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, combined land-based therapy with pool therapy times 12 for the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are status post right knee total arthroplasty with the date of surgery February 2, 2015. The documentation according to a March 19, 2015 progress note shows the injured worker completed home-based physical therapy. The total number of physical therapy sessions is not documented in medical record. Physical examination of the new shows swelling with a plan for arthrocentesis of the affected knee. The injured worker has continued swelling and range of motion restrictions. The treating provider recommended additional physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy combined with pool therapy is warranted. There is no documentation in the medical record indicating failed land-based therapy. Additionally, there is no documentation indicating reduced weight-bearing would be beneficial thereby warranting an aquatic therapy regimen. Consequently, absent clinical documentation with an unspecified number of physical therapy sessions and no compelling clinical documentation warranting additional physical therapy combined with pool therapy, combined land-based therapy with pool therapy times 12 for the right knee is not medically necessary.