

Case Number:	CM15-0076457		
Date Assigned:	04/28/2015	Date of Injury:	08/21/2000
Decision Date:	06/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 54 year old female who reported an industrial injury on 8/21/2000. Her diagnoses, and/or impressions, are noted to include: left knee degenerative joint disease, status-post left knee arthroscopy x 3; and status-post total right knee arthroplasty. No current imaging studies are noted. Her treatments have included surgeries; acupuncture treatments; medication management; and modified work duties. The progress notes of 1/28/2015 were missing the 1st page resulting in no noted subjective complaints; and with no other medical records pertaining her history were available for my review. The objective findings were noted to include an effusion within the left knee, medial and lateral joint line tenderness without noted instability, and positive patellofemoral crepitus; and a warm right knee with medial and lateral joint line tenderness. The physician's requests for treatments were noted to include pool evaluation and treatment for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool evaluation and treatment 2 x 6 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient was injured on 08/21/2000 and presents with bilateral knee pain. The request is for POOL EVALUATION AND TREATMENT 2 X 6 FOR THE RIGHT KNEE. The RFA is dated 02/04/15 and the patient is currently working. The report with the request is not provided. MTUS Chronic Pain Medical Treatment Guidelines page 22 state aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some components of health-related quality of life, balance, and stair-climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Regarding the left knee, there is effusion within the knee, tenderness along the medial and lateral joint line, and positive patellofemoral crepitus. The right knee has tenderness along the medial and lateral joint line. She is diagnosed with status post right total knee arthroplasty (date of surgery not provided), status post left knee arthroscopy x 3 (date of surgery not provided), and left knee degenerative joint disease. Review of the reports provided does not indicate if the patient has had any prior aquatic therapy. There is no explanation as to why aqua therapy is needed as opposed to land-based or home-based therapy. There is no extreme obesity nor the need for reduced weight bearing exercises. Furthermore, the requested 12 sessions exceeds what is allowed by MTUS Guidelines. The request IS NOT medically necessary.