

Case Number:	CM15-0097911		
Date Assigned:	05/29/2015	Date of Injury:	09/19/2012
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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 71 year old male with an industrial injury dated 09/19/2012. He describes the injury occurring when he tripped over portable steps and twisted his right knee. He also noted back injury and injury to left hand. Diagnoses included knee pain, degeneration of lumbar intervertebral disc and degeneration of cervical intervertebral disc. Prior treatment included physical therapy, back brace, cane, diagnostic, steroid injection into right knee, epidural steroid injection for low back and right knee replacement 02/12/2014. He presents on 04/13/2015 with complaints of low back pain and right knee pain and swelling. Physical exam revealed sensation intact to light touch and pinprick. There was moderate swelling in the right knee with limited range of motion. The provider noted the injured worker remained symptomatic and limited in function despite treatment. There was no erythema or ecchymosis, no evidence of infection, joint inflammation or injury. His medications included Tylenol. He was to avoid anti-inflammatory medications to allow hardware bond fusion. The injured worker stated he could not tolerate land physical therapy due to pain and swelling. The provider requested aquatic therapy for balance and range of motion for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 aquatic therapy sessions to the right knee and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six aquatic therapy sessions to the right knee and left shoulder are not medically necessary. 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. 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. In this case, the injured worker's working diagnosis is pain joint, lower leg. The worker underwent right total knee replacement February 14, 2014. The injured worker received 24 sessions of physical therapy and was engaged in a home exercise program. He injured worker was released from the care of his orthopedic treating provider. The injured worker continues to complain of pain and swelling in the right knee. There were additional complaints of left shoulder pain. According to a progress note dated January 23, 2015, there were no significant limitations of the shoulder and no subsequent recommendations. There was no physical examination of the shoulder in the January 2015 progress note. The right knee was notable for swelling and pain on range of motion, but there were no other physical or objective findings noted. Additionally, there was no documentation of failed land-based therapy. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is warranted (right knee) and no significant limitations of the left shoulder, six aquatic therapy sessions to the right knee and left shoulder are not medically necessary.