

Case Number:	CM15-0099795		
Date Assigned:	06/02/2015	Date of Injury:	09/16/2014
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 64-year-old female, who sustained an industrial injury on 09/16/2014. On 11/18/2014, the injured worker underwent right knee surgery. According to an orthopedic evaluation report dated 03/23/2015, the injured worker reported pain in both knees and giving away of her right knee. She had anxiety and a feeling of uselessness because of her symptoms. Due to over compensating she had developed back pain and left knee pain. Diagnoses included contusion of right knee, chip fracture of the patella of the right knee, status post total knee replacement of the right knee, overuse syndrome of the left knee, status post left total knee replacement and psychiatric diagnosis. Recommendations included continuation of aqua therapy. Prescriptions included Meloxicam, Norco and Xanax. She remained on temporary total disability. According to a physical therapy progress report dated 04/17/2015, her initial visit was on 03/17/2015. Total visits were documented as 22. The injured worker reported that she had to do a lot of driving and was in more pain. Pain level was rated 7-8 on a scale of 1-10. She reported a walking tolerance of 15 minutes using a single point cane, a standing tolerance of 10 minutes and a driving tolerance of 20 minutes. Pain level was 8 when putting on shoes and socks, 9 when going up and down stairs, 8 when standing on one leg, 7 when getting in and out of a car and 8 when getting out of bed. She had pain and decreased range of motion and strength in the right knee. She had an antalgic gait pattern. She reported high pain levels with most activities of daily living. She was able to exercise in the water with less discomfort as well as walk with an improved gait pattern. The provider noted that the injured worker may benefit from additional aquatic therapy and review and progression of home exercise program. Currently under review is the request for aquatic therapy 2 times a week for 6 weeks for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2014 and underwent arthroscopic right knee surgery in November 2014 with lateral retinaculum debridement and partial synovectomy. She had a prior history of a right total knee replacement. She has had postoperative physical therapy with completion of 22 treatments, which included aquatic therapy. When seen, there was an antalgic gait. There was right knee crepitus. There was decreased range of motion and knee tenderness bilaterally. In this case, the claimant is beyond the postsurgical treatment period of 12 weeks. She is being treated for chronic pain. In this case, the number of visits requested is in excess of that recommended following this surgery or what would be needed to establish a home exercise program including a self-directed pool program is needed. The request is not medically necessary.