

Case Number:	CM13-0013027		
Date Assigned:	12/13/2013	Date of Injury:	11/03/2010
Decision Date:	02/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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/services.

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 patient is a 64 year old female who sustained a right knee injury on 11/03/2010. She tripped over a broken concrete slab and fell forward landing on her right knee (bracing herself with her left hand and upper extremity). On 11/01/2011 she had a right knee arthroscopic meniscectomy and chondroplasty. She had 12 preoperative physical therapy sessions and an additional 12 post operative physical therapy sessions for her right knee. According to a nurse [REDACTED], she has completed 18 sessions of physical therapy and an additional six sessions of acupuncture for her right knee. However in a review dated 03/28/2012 ([REDACTED]) she has already completed 30 sessions of physical therapy for her right knee. On 04/11/2013 motor strength of both upper and lower extremities were normal. She had a well healed right knee scar. Patella grind test was positive. Crepitus was present. She had extension to 0 degrees and flexion to 142 degrees. Sensation was normal. Reflexes were normal. On 08/19/2013 her primary treating physician note revealed that her right knee range of motion was 125 degrees of flexion. She had crepitus. On 08/19/2013, [REDACTED] noted that she had attended three aqua therapy sessions for her right knee and she experienced increased right knee pain. On 08/20/2013 [REDACTED] requested a left shoulder surgical consult. There was no mention of any knee abnormality or symptoms. On 11/19/2013 [REDACTED] noted that she should continue her home exercise program. There were no measurements of strength or range of motion and it was difficult to read. This was the most recent note. The request is for 8 sessions of aquatic physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2.

Decision rationale: In the MTUS post surgical guidelines for physical therapy sessions after meniscectomy on page 24 the post surgical physical therapy treatment is a maximum of 12 visits over 12 weeks with a post surgical physical medicine treatment period of 6 months. The meniscectomy was done on 11/01/2011. She has completed more than 30 physical therapy sessions for her right knee. Also, there is documentation that she has already been instructed in a home exercise program. Aquatic physical therapy is a form of physical therapy in water for patients who cannot do regular physical therapy. There is no documentation that she requires aquatic therapy. She has already been provided more right knee physical therapy visits than medically necessary under the above guidelines. There is no documentation that continued formal physical therapy in the form of aquatic therapy is superior to a home exercise program. Also, she is more than 2 years from her surgery and this is past the six month period of physical medicine treatment. With respect to the chronic pain guidelines, the most recent note is on 11/19/2013 when continued home exercise program was recommended. There was no documentation of functional impairment of the right knee. There was no request for aquatic therapy for the right knee. The reason repeat aquatic therapy was requested was not documented. Previous examinations in 2013 documented continued right knee crepitus but there is no documentation that continued physical therapy or aquatic therapy would alter the knee anatomy or provide relief of crepitus. She previously had aquatic therapy and the knee pain was worse. There is no documentation that repeat aquatic therapy is necessary after it failed previously. For chronic pain conditions there must be documentation of functional improvement for therapy to be medically necessary. Specific functional deficits that would be address with further aquatic therapy have not been documented. In this case there is the opposite in that previous aquatic therapy was associated of worsening her knee pain.