

Case Number:	CM13-0021717		
Date Assigned:	10/11/2013	Date of Injury:	10/26/2011
Decision Date:	02/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old female presenting with right knee pain following a work-related injury on October 26, 2011. The pain is described as constant moderate in the right knee. The pain is associated with swelling and giving way. The pain is exacerbated by going down the stairs, bending, twisting, squatting and prolonged sitting. The physical exam was significant for antalgic gait, healed operative scars of the right knee, slight to moderate tenderness over the right medial joint line, moderate to severe tenderness in the medial subpatellar facet on the right side, and slight residual joint effusion as well as slight quadriceps atrophy. The claimant was diagnosed with posttraumatic chondromalacia of right patella, partially torn posterior horn medial meniscus right knee, post arthroscopic partial medial meniscectomy, synovectomy, and chondroplasty. According to medical records the claimant has tried physical therapy in the past and medications with no significant relief. Medications included anti-inflammatory medications and Vicodin. The claimant was made for aquatic therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool (aquatic) therapy 2x12 weeks for right knee (modifier by advisor to pool (aquatic) therapy 2x6 weeks for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pool Therapy Page(s): 22.

Decision rationale: Aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, were available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of ICD early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12, 22 aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight bearing exercises were desirable as result of a co-morbid condition such as obesity.

physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Physical Therapy is not medically necessary. According to page 99 of Ca MTUS states " physical medicine should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The claimant had physical therapy in the past for which she did not benefit. Physical therapy is therefore not medically necessary due to the recommended fading of frequency from previous treatment with physical medicine.