

Case Number:	CM13-0025723		
Date Assigned:	11/20/2013	Date of Injury:	12/04/2012
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 46-year-old male with a reported date of injury on 12/04/2012. The patient presented with intact range of motion to the left knee, intact gait, very mild atrophy in the left knee, very mild strength deficit in the left knee, decreased flexion and extension of the lumbar spine, mild strength deficit in the musculature of the lumbar spine secondary to guarding with distal strength normal, and positive straight leg raise. The patient previously underwent a right knee arthroscopic medial meniscectomy on 03/15/2013 and a left knee arthroscopic medial meniscectomy on 08/17/2013. The patient had diagnoses including left knee meniscus tear status post meniscectomy and lumbar strain with MRI evidence of L5-S1 disc protrusion and L4-5 disc bulge in the setting of multilevel mild degenerative changes. The physician's treatment plan included a request for pool therapy 2x4 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 2x4 for the left 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 Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS guidelines note 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In reference to post-operative therapy for the knee, the guidelines recommend 12 sessions of therapy over 12 weeks, indicating a postsurgical physical medicine treatment period of 4 months. Per the provided documentation, the patient's left knee range of motion was intact and the patient had mild strength deficits in the quadriceps. The provider noted physical therapy, either land or pool-based was recommended for the left knee. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate deficits needing to be addressed with aquatic therapy. Within the provided documentation, it did not appear the patient had decreased range of motion or strength in the left knee that would indicate the patient's need for aquatic therapy at this time. Therefore, the request for pool therapy 2x4 for the left knee is neither medically necessary, nor appropriate.