

Case Number:	CM13-0031439		
Date Assigned:	12/04/2013	Date of Injury:	10/26/2011
Decision Date:	02/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery, 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 claimant is a 34-year-old who was injured in a work related accident on October 26, 2011. The records in this case indicate an injury to the right knee with recent records including a July 1, 2013 right knee arthroscopy, chondroplasty and synovectomy had occurred by the provider. Postoperative clinical assessments for review include a September 15, 2013 report by the provider where he states the claimant is still with continued complaints of pain about the knee with diagnosis now of posttraumatic chondromalacia status post operative arthroscopy with examination showing -5 to 115 degrees range of motion with pain, tenderness to palpation over the medial joint line and negative McMurray's testing. He recommended continuation of antiinflammatory agents as well as a prescription for twelve sessions of aquatic therapy for the claimant's right knee. Since time of operative intervention, he indicates the claimant has undergone a course of formal land based therapy since time of operative procedure.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section aquatic therapy.

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

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines and supported by MTUS Chronic Pain Guidelines, aquatic therapy for twelve sessions in this case would not be indicated. While aquatic therapy can be utilized as an optional form of exercise therapy, it is done so within the Guideline criteria of physical medicine criteria. When looking at California Guidelines in regards to therapy following knee surgical procedures, criteria would recommend up to twelve sessions over a twelve week period of time. In this case, the claimant has already utilized a significant course of postoperative physical therapy. The additional twelve sessions would exceed Guideline criteria and would not be supported as medically necessary.