MAXIMUS Federal Services

Case Number:	CM13-0031539		
Date Assigned:	12/04/2013	Date of Injury:	04/22/2003
Decision Date:	01/28/2014	UR Denial Date:	09/23/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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 51-year-old female who was injured in a work-related accident on 4/22/03; she tripped over an electrical cord, fell into a wall and then the floor, sustaining an injury to her neck, back, right arm, and right ankle. A clinical assessment with [redacted] dated 08/23/2013 showed the patient to be with chief complaints of pain about the neck and back as well as the left knee. It states that the left knee has become more painful since May. Physical examination of the left knee showed tenderness to palpation over the medial and lateral joint line, and positive McMurray's testing with restricted motion from 0 degrees to 130 degrees. Updated weight-bearing radiographs of the left knee performed at that date demonstrated no significant bony abnormality. The patient's working diagnosis was "status post left knee arthroscopic surgery performed 3/4/04 involving partial medial and lateral meniscectomies, synovectomy, plica excision, and chondroplasty." She was also with residual patellofemoral arthralgia. The treatment plan at that time was for a knee brace for support during weight-bearing and walking activities, the use of a topical Biofreeze, and referral for a course of aquatic therapy to be performed 3 times a week for 4 weeks to improve strength, function, and mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for aquatic therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

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

Decision rationale: Guideline criteria do not typically recommend the role of formal physical therapy at this chronic stage in clinical course of care, given the patient's initial clinical presentation, treatment to date, and indication that the patient should be well-versed in an aggressive form of home exercise program at present. Specifically in regard to this request, aquatic therapy is specifically only recommended for formal recommendations based on number of supervised visits for the current treating diagnosis. While the patient is noted to be with complaints of knee pain, there is nothing indicating an inability at present to perform weight-bearing activities to maintain good lower extremity strength and coordinated function. The role of aquatic therapy in this setting would not be supported.