

<b>Case Number:</b>	CM13-0036476		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/31/1986
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and is licensed to practice in Texas and Oklahoma. 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 68-year-old female who reported an injury on May 29, 2003. According to the documentation dated October 08, 2013, the patient underwent a right knee arthroscopy performed on June 19, 2013. The patient stated that the surgery was of no benefit. The patient has participated in 12 sessions of aquatic therapy, which she stated she gained benefit both emotionally and physically. Aside from her right knee pain, the patient has also complained of neck pain that radiates into the upper extremities to include the shoulders, which is causing her slight numbness and tingling in her wrists and hands, occasional stiffness, tightness, and inflammation, which limits her activities of daily living. The patient's right knee symptomatically is aggravated by weight bearing activities, walking, standing, and ascending and descending steps. She states that she finds it difficult to kneel or squat due to her subjective complaints. The patient utilizes a walker when traveling short distances and utilizes a brace for support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 additional Aquatic Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** The California MTUS guidelines state that 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. Under the patient's examination, the patient's knees were stable to valgus and varus stress. The Lachman's and anterior drawer sign were both negative, as was the McMurray's test. Motor examination of the lower extremities was 4 to 5 in strength bilaterally. Sensory examination was normal, with 2+ patellofemoral joint tenderness noted bilaterally. Although the patient has stated that she has chronic right knee pain, as well as deterioration in the left knee, the overall review does not address the patient as being unable to perform land-based physical therapy. Therefore, at this time, the medical necessity for aquatic therapy cannot be established. As such, the requested service is non-certified.

**Transportation to and from all appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines, Transportation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation (to and from appointments).

**Decision rationale:** Under the Official Disability Guidelines, it states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In the case of this patient, although she has chronic pain of her lower extremities, it is unclear as to why she is unable to transport herself to and from each of her appointments at this time. Therefore, the medical necessity for transportation to and from her appointments cannot be established. As such, the requested service is non-certified.

**one (1) left knee steroid injection under ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Corticosteroid injections.

**Decision rationale:** The California MTUS states that invasive techniques, such as needle aspirations of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Under Official Disability Guidelines, it states that corticosteroid injections are recommended for short-term use only. The criteria listed for an intra-articular

glucocorticosteroid injection states that the patient must have documented symptomatic severe osteoarthritis of the knee, according to the American College of Rheumatology criteria, which requires knee pain and at least 5 of the following: (1) bony enlargement; (2) bony tenderness; (3) crepitus; (4) erythrocyte sedimentation rate less than 40 mm/hour; (5) less than 30 minutes of morning stiffness; (6) no palpable warmth of synovium; (7) over 50 years of age; (8) rheumatoid factor less than 1:40 titer; (9) synovial fluid sign (such as clear fluid of normal viscosity and white blood cell less than 2000/mm<sup>3</sup>); (10) the patient must have not had adequately controlled pain by recommended conservative treatments to include exercise, NSAIDs, or acetaminophen. The documentation does to indicate the patient meets the guideline criteria for an intra-articular glucocorticoid injection at this time. Although painful, the patient's left knee was not noted as having any bony enlargement, crepitus, no sedimentation rate was noted, AM stiffness is unknown, and it was absent for effusion. Therefore, the requested service is non-certified.