

Case Number:	CM13-0050822		
Date Assigned:	01/15/2014	Date of Injury:	12/05/2012
Decision Date:	05/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of December 5, 2012. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy over the life of the claim, including 15 to 18 sessions of postoperative treatment, per the claims administrator; and a knee medial meniscectomy surgery on June 26, 2013. In a utilization review report of October 22, 2013, the claims administrator denied a request for six sessions of aquatic therapy, noting that the six additional sessions of aquatic therapy being proposed represent treatment in excess of the guideline. A variety of MTUS and non-MTUS Guidelines were cited, including non-MTUS ODG Guidelines. In a clinical progress note of December 26, 2013, the applicant was returned to regular duty work. The applicant is apparently having pain and locking about the knee and also reported alternate periods of knee locking and swelling. The applicant's gait was described as non-antalgic despite tenderness about the joint lines. Additional physical therapy, Norco, and Mobic were endorsed. In an earlier note of December 10, 2013, the applicant was described as having ongoing issues with knee pain likely secondary to underlying arthritis. The applicant was described as having ongoing issues with pain and episodic locking and clicking but was again described as having a non-antalgic gait. Sedentary work was encouraged. In a November 12, 2013 progress note, the applicant is described as having ongoing issues with bilateral knee pain and instability. The applicant is having difficulty negotiating stairs, standing, walking, and squatting, the attending provider writes. In addition to having left and right knee pain, the applicant also has ankle pain issues, it is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF AQUA THERAPY FOR THE LEFT KNEE: Overturned

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 Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in who reduced weight bearing is desirable. In this case, the applicant has issues with bilateral knee arthritis superimposed on ankle issues. The applicant is consistently described as having various gait related complaints, including difficulty standing, walking, negotiating stairs, etc. and apparently intends standing and walking requirements as a chef. The claimant has apparently returned to work and is pursuing the aquatic therapy in conjunction with a program of functional restoration, it is further noted. While this does seemingly result in extension of treatment beyond the 12-session course recommended in MTUS 9792.24.3 following meniscectomy surgery, as apparently transpired here, in this case, the applicant's heavy standing and walking job demands as a chef, coupled with the fact that multiple body parts were implicated in the injury, the applicant's ongoing issues with knee arthritis, and the applicant's apparent successful return to work, taken together, do warrant additional treatment beyond the guideline. Therefore, the original utilization review decision is overturned. The request is certified.