

Case Number:	CM13-0051165		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2011
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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:

This is a 46 year old male with industrial injury 9/30/11. Patient with arthroscopic right partial medial meniscectomy, chondroplasty medial and lateral compartments. Report of 18 visits of physical therapy completed. Complaint of right knee pain worse with prolonged standing or walking. Exam note 11/25/13 demonstrates report of restricted range of motion due to complaints of discomfort and pain. Patient ambulating with single point cane. Request for aquatic physical therapy twice a week for four weeks for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 DAYS/WEEK FOR WORK HARDENING, WATER THERAPY, TO RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ODG Work Conditioning (WC) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Work conditioning Page(s): 22; 125-126.

Decision rationale: With regards to the request for aquatic therapy, there is no evidence in the records that the claimant cannot perform land therapy exercises or a home exercise program. The

claimant has performed 18 visits of physical therapy without functional improvement in the records. As there is no apparent contraindication to land or a home program the guideline criteria has not been met and determination is for non-certification. With regards to work hardening the guidelines cited above have not been met. There is insufficient evidence of objective functional limitations in the records to support work hardening. The exam note from 11/25/13 demonstrates report of restricted range of motion without measurements performed. There are no other documented functional limitations in the records to support work hardening. Therefore determination is for non-certification.