

Case Number:	CM13-0052880		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2012
Decision Date:	07/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation 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:

This 54 year-old female center director at [REDACTED] sustained an injury to the left ankle and left knee on 1/13/12 from a slip and fall from a chair when a student grabbed the chair while employed by [REDACTED]. The request under consideration includes aquatic therapy left knee 1 time per week and functional capacity evaluation. The patient's diagnoses include left ankle sprain and left knee internal derangement of medial meniscus. Conservative care has included medications, physical therapy, and acupuncture, transcutaneous electrical nerve stimulation (TENS), home exercise program and stationary bicycling. A panel qualified medical evaluation report of 7/26/13 noted patient with left knee pain, insomnia, and gastrointestinal (GI) symptoms along with light-headedness. The patient has past history of hypertension and diabetes, type I. the past surgical history included kidney transplant in 2011, right foot surgery for Charcot joint, and left knee surgery in 1990 along with hysterectomy 1996 and 2 C-section. The diagnoses include left knee pain; gastroesophageal reflux disease (GERD); stomach pain in the umbilical area; and insomnia. A brief hand-written report of 3/28/13 noted patient has completed 12 physical therapy visits. No exam recorded with treatment plan for meds of Vicodin and modified work. A brief hand-written report of 5/24/13 noted patient with left knee pain. An exam showed positive tenderness to palpitation; swelling. The diagnoses included medial meniscus derangement and ankle sprain. The treatment were to continue with home exercise program, stretching and bicycling; RTC TENS; dispensed meds of Naproxen, Omeprazole, and Vicodin. The patient was on modified work. Hand-written report of 8/30/13 from the provider noted 25% improvement. Report of 10/31/13 from the MSN/FNP noted patient with left knee complaints rated at 6/10 which awakens her at night along with GERD. An exam showed decreased left lower mobility with antalgic gait. Treatment included upper GI series per qualified medical evaluation, refill Vicodin, aquatic therapy, continue

acupuncture, schedule functional capacity evaluation and GI series. Request(s) for aquatic therapy left knee 1 time per week and functional capacity evaluation were non-certified on 11/14/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY LEFT KNEE 1 TIME PER WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Per the guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The aquatic therapy left knee 1 time per week is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137-138.

Decision rationale: Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, on modified duty; however, unclear if working. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming functional capacity evaluations' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The functional capacity evaluation is not medically necessary.

