

Case Number:	CM13-0066474		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2011
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 31 year old male whose date of injury is 05/03/2011. The injured is status post left knee arthroscopy with possible meniscectomy, possible chondroplasty and possible excision of loose bodies on 06/01/12. Treatment to date includes lumbar medial branch blocks on 02/21/13, 04/01/13, lumbar radiofrequency ablation on 05/30/13. MRI arthrogram of the left knee dated 06/20/13 revealed focal subtle signal change junction posterior body and posterior horn medial meniscus (does not meet strict criteria for a meniscal tear and may represent subtle atypical degenerative change); mild elongation or prominence apex body lateral meniscus though a true discoid meniscus is not seen; the ligaments appear intact. Follow up note dated 09/03/13 indicates that pain is rated as 7/10. On physical examination strength is rated as 5/5 throughout the bilateral lower extremities. Deep tendon reflexes are 2+ throughout. The patient was recommended to continue a home exercise program. Follow up note dated 10/08/13 indicates that he is obtaining functional pain control with current medication regimen. Office visit note dated 11/26/13 indicates that physical examination is unchanged. The patient was recommended to start aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY, FOUR (4) TIMES A WEEK FOR SIX (6) MONTHS, FOR THE LEFT KNEE: 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: Based on the clinical information provided, the request for aqua therapy, four times a week for six months, for the left knee is not recommended as medically necessary. The patient underwent left knee arthroscopy in June 2012; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. CA MTUS guidelines note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The submitted records fail to indicate that the patient is incapable of performing land-based physical therapy. There are no specific, time-limited treatment goals provided. The request is excessive and does not allow for adequate interim follow up to assess patient progress in treatment. The request is not medically necessary or appropriate.