

Case Number:	CM13-0070571		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2012
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 patient is a 63 year old female who was injured on 04/10/2012. She slipped and fell on a wet floor and injured her left knee, left ankle and left wrist. Prior treatment history has included x-rays of the left knee, knee brace, and physical therapy. Medication therapy included ibuprofen, Advil, and Naprosyn. The patient underwent an arthroscopic ligament reconstruction, Achilles tendon allograft and chondroplasty on 06/26/2012. On 06/26/2012, the patient was sent for physical therapy with improvements in range of motion with nine sessions. She had 24 therapy visits by November 6, 2012. She was again noticed to have continued weakness and no real improvements over the past six to eight visits. An MRI of the left knee performed 06/23/2008 revealed horizontal/oblique tear with a focal defect of the undersurface of the posteromedial corner and mid body medial meniscus; acute/chronic sprain injury of the medial collateral ligament; minimal joint effusion; minimal popliteal cyst; incidental note of a medial patella plica. This is seen on both sagittal and axial imaging which represented a congenital variant. An x-ray of the left wrist performed 04/10/2012 revealed moderate negative ulnar variance. A left ankle x-ray performed 04/10/2012 revealed no acute process seen. A left knee x-ray performed 04/10/2012 was negative. An MRI of the left knee performed 04/23/2012 revealed ACL full thickness proximal tear; medial meniscus posterior horn oblique cleavage tear extending articular surface with suspected flap fragment; medial patellar subcortical trabecular contusions, superiorly at the retinaculum insertion and in posteroinferiorly adjacent to the medial facet cartilage; lateral femoral condylar anterior weight bearing bone contusion with overlying chondral contusion; a second trabecular contusion with hairline fractures is noted in the high posterior non weight bearing aspect of the lateral femoral condyle; heterogeneous attenuated cartilage within the intercondylar groove with adjacent 8 x 3 x 6 cm area of low signal intensity, possible acute cartilage injury; mild medial and lateral tibiofemoral degenerative arthritis;

moderate joint effusion; and small medial popliteal cyst. An MRI standing view of the knees performed 02/06/2013 revealed degenerative and post-surgical findings are seen in the left knee. The right knee is unremarkable. A left knee MRI without contrast performed 08/13/2013 revealed mild chondromalacia with fraying involving the medial and inferior aspect of the patellar cartilage as well as medial lateral joint compartment. There is narrowing of the medial joint compartment consistent with degenerative disease. There is suggestion of partial tear of the inferior aspect of the reconstructed anterior cruciate ligament as it enters the proximal tibia. The remainder of the ligaments and tendons are within normal limits. A clinic note dated 11/25/2013 documented findings on exam revealed left knee range of motion is restricted with flexion. There was tenderness to palpation noted over the lateral joint, medial joint line and patellar tendon. Left knee is stable with MCL testing; left knee is unstable with LCL testing. There is 3+ effusion in the left knee joint. On neurologic examination, muscle strength manual muscle testing revealed full strength of lower limb except for mild weakness of left knee extension. Sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, tactile localization and tactile discrimination; Reflexes in the upper and lower extremities responded normally to reflex examination. A clinic note dated 10/01/2013 documented objective findings on exam included left knee range of motion was restricted with limited flexion. Essentially, the same findings on exam as note dated 11/25/2013. The patient was diagnosed with old disruption of anterior cruciate ligament, chondromalacia patellae, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY VISITS: 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: According to the medical records provided for review, 24 land-based physical therapy visits were completed post-operatively. It is unclear from the records whether or not this treatment was beneficial. On an 11/25/13 visit, she was noted to be doing home exercises, walking 15 minutes per day, and riding a stationary bike. She was noted to have full lower extremity strength except for mild knee extension weakness with a left knee effusion and decreased flexion. The MTUS Chronic Pain Guidelines indicate that aquatic therapy is recommended "as an alternative to land-based physical therapy" and is "specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The patient is not extremely obese, has good knee strength, and is able to weight bear without difficulty. Medical necessity has not been established. The request is therefore not medically necessary and appropriate.