

Case Number:	CM13-0070711		
Date Assigned:	01/08/2014	Date of Injury:	02/16/2010
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
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 an employee of the [REDACTED] and has submitted a claim for pain in the right and left knee associated with an industrial injury date of February 16, 2010. Treatment to date has included knee arthroscopy with ACL reconstruction with chondroplasty and meniscectomy, water therapy, physical therapy, home exercise program, and medications which include Orthovisc injection and meloxicam. Medical records from 2012-2013 were reviewed the latest of which dated December 18, 2013 revealed that the patient reports that the right knee Orthovisc injections gave him approximately 60% relief for 3+ months. He reports overall improvement in the right knee since his last visit. He reports ongoing pain, popping, catching, and locking sensations in the left knee. On examination of the right knee, there are noted healed wounds without any sign of infection. There is quadriceps atrophy noted. Range of motion was limited to 5 degrees with pain and crepitus. The patient had an antalgic gait as he favors the right lower extremity. A utilization review from December 18, 2013 denied the request for additional aquatic therapy twice a week for six weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE, AQUATIC THERAPY Page(s): 98-99, 22-23.

Decision rationale: According to the MTUS Chronic Pain Guidelines, aquatic physical therapy is recommended as an alternative to land based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, the patient had previous land based physical therapy sessions, however, the functional improvements were not documented. He has recently completed 24 sessions of aquatic therapy and additional treatments will exceed the MTUS Chronic Pain Guidelines' recommendations. Also, there was no documentation of musculoskeletal impairment in the right knee that supports the need for additional supervised rehabilitation; or if there is a need for a reduced weight bearing environment that cannot be addressed by land based therapy. Therefore, the request is not medically necessary and appropriate.