

Case Number:	CM14-0005752		
Date Assigned:	02/07/2014	Date of Injury:	01/11/2012
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgeon and is licensed to practice in Maryland. 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 49 year old female whose date of injury is January 11, 2012. The mechanism of injury is described as twisting. The injured worker is status post left knee arthroscopy on January 14, 2013 followed by 12 postoperative physical therapy visits. An MRI of the left knee dated January 17, 2014 revealed high grade chondrosis with full thickness chondral heterogeneity and likely fissuring along the medial femoral condyle and along the lateral patellar facet and median patellar ridge. A follow up note dated February 03, 2014 indicates that injured worker is at maximum medical improvement and has permanent work restrictions. On physical examination there is no tenderness. Range of motion is 0-135 degrees. McMurray's is positive; drawer testing is negative. Lachman's is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO TO THREE TIMES PER WEEK FOR FOUR WEEKS FOR THE LEFT KNEE: Upheld

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

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 the is not medically necessary. The California MTUS guidelines support aquatic therapy when reduced weightbearing is desirable. There is no clear rationale provided as to why land-based therapy is not feasible for this injured worker. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request for the is not medically necessary.