

Case Number:	CM14-0103627		
Date Assigned:	07/30/2014	Date of Injury:	03/09/2013
Decision Date:	09/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/04/2014

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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 25-year-old male with a date of injury of 03/09/2013. The listed diagnoses per [REDACTED] are: 1. Left knee pain. 2. Ankle pain. According to progress report 06/16/2014, the patient presents with continued left knee and ankle pain. The patient reports at times, he notices giving way and weakness. He also continues to hear cracking sound in his knee. His pain is rated on average 5/10 to 8/10. He is utilizing Terocin cream and ibuprofen on a daily basis. Examination revealed antalgic gait, strength in lower extremity is 5/5, reflexes were 1+, and minimal tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the left knee; therapeutic exercise, manual therapy techniques, application of electric stimulation and therapeutic procedure, quantity (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 06/05/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy: Physical Medicine Page(s): 22, 98,99.

Decision rationale: This patient presents with continued left knee and ankle pain. Examination revealed the patient has 5/5 strength, 1+ reflexes and minimal tenderness over the medial and lateral aspect along the joint line. There is no erythema and swelling, and valgus and varus stress were negative. The treater is requesting 8 aquatic therapy sessions for the left knee. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient received 12 land-based physical therapies from 08/10/2013 to 11/05/2013. In this case, the patient has participated in 12 land-based therapies and is actively participating in a home exercise regimen. The treater does not discuss why pool therapy is being requested at this time. Although patient does continue to complain of left knee pain, there is no indication that the patient has weight bearing restrictions. Furthermore, the treater's request for 8 additional sessions with the 12 already received, exceeds what is recommended by MTUS. Given the above the request is not medically necessary.