

Case Number:	CM14-0010503		
Date Assigned:	02/21/2014	Date of Injury:	12/04/2003
Decision Date:	07/15/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 59 year old male with an injury reported on 12/04/2003. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/27/2014, reported that the injured worker complained of left knee pain. The physical examination findings revealed tenderness to the medial jointline of the left knee. The left knee demonstrated limited range of motion with flexion 'beyond' 90 degrees and extension to 10 degrees. The physical therapy note dated 12/06/2013 reported that the injured worker had 2 previous visits, and spent 45 minutes total in pool therapy. The injured worker's diagnoses included status-post failed knee surgery, knee pain, depression with anxiety, and insomnia disorder related to known organic factor. The request for authorization was submitted on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY 3X4 WEEKS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section and the Physical Medicine Section Page(s): 22, 99.

Decision rationale: The request for additional aquatic therapy 3x4 weeks for bilateral knees is non-certified. The injured worker complained of left knee pain. It was also noted that his left knee had tenderness to the medial jointline and limited range of motion with flexion 'beyond' 90 degrees and extension to 10 degrees. It was also noted per the physical therapy note that the injured worker had 2 previous visits, and spent 45 minutes total in pool therapy. The California MTUS guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is a lack of clinical evidence from physical therapy notes documenting the injured worker's progress. It was also noted that the physical therapy was placed on hold until after knee surgery. Moreover, the request for aquatic therapy 3x4 weeks exceeds the guideline recommendation of 8-10 visits over 4 weeks. Thus the request is not medically necessary.