

Case Number:	CM14-0018869		
Date Assigned:	02/21/2014	Date of Injury:	01/08/2013
Decision Date:	10/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 42 year old male with an injury date of 01/08/13. Based on the 11/31/14 progress report provided by [REDACTED] the patient complains of right knee pain. He is status post right medial meniscectomy 11/22/13. Physical examination shows decreased range of motion on flexion 100 degrees. Per progress report dated 12/16/13, patient had 6 post op physical therapy sessions. He is also on Norco. Treater states in progress report 01/02/14 that aquatic therapy is highly recommended. Patient will benefit from shallow water for strengthening and deep water for conditioning. 12 physical therapy sessions have already been pre-approved. MRI of Right knee 09/25/13: - Media! meniscus tear, - evidence of surgical changes in the lateral meniscus, Diagnosis 11/31/14,- localized primary osteoarthritis left knee-derangement medial meniscus right knee, [REDACTED] is requesting Aquatic Therapy x 12. The utilization review determination being challenged is dated 02/06/14. The rationale is " patient was already given 12 sessions of physical therapy the first 12 weeks following surgery, therefore not medically necessary." [REDACTED] is the requesting provider, and he has provided treatment reports from 08/13/13- 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Patient presents with right knee pain. The request is for Aquatic Therapy x 12. Patient is status post right medial meniscectomy 11/22/13. Per progress report dated 12/16/13, he already had 6 sessions of physical therapy. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Knee MTUS post-surgical pages 24,25 states "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. *Postsurgical physical medicine treatment period: 6 months." Treating physician states in progress report 01/02/14 that aquatic therapy is highly recommended and patient will benefit from shallow water for strengthening and deep water for conditioning. Per progress report dated 12/16/13, patient already had 6 physical therapy sessions, and there is evidence that the patient has additional 6 sessions authorized. The request for 12 more sessions would exceed what is allowed by MTUS for post-operative therapy. While it would appear that the patient has not had water therapy, there is no documentation of the need for weight-reduced exercises or extreme obesity to qualify for water therapy, per MTUS. Given the above the request is not medically necessary.