MAXIMUS Federal Services

Case Number:	CM14-0122093		
Date Assigned:	08/06/2014	Date of Injury:	01/18/2000
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation and Pain 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 57 year old male with a date of injury of 01/18/2000. Records indicate the injured worker has suffered multiple injuries by multiple means over the course of his employment with [redacted] Diagnoses pertinent to this request include internal derangement of the knee. The injured worker is status post multiple arthroscopies of the right knee and post arthroscopic partial medial meniscectomy of the left knee. The dates of these interventions are not noted. The injured worker complains of knee pain which is worse in the left knee. The injured worker has chondroplasties in all three compartments of the left knee and degenerative arthrosis in the right knee. The injured worker participated in 10 sessions of pool therapy from 04/17/14 through 06/02/14 with treatment to various areas of the body, including the bilateral knees. The injured worker has been recommended for a left knee arthroplasty and agreed medical evealuation (AME) dated 01/22/14 notes the injured worker states this surgery has been approved but that he must wait for his "chronic prostatitis" to resolve before the surgery can be performed. Records indicate the injured worker uses a walker but frequently falls due to weakness of the left knee which "gives out." Clinical note dated 06/11/14 from the physician designated to treat the injured worker's knees notes the injured worker has not been seen by him since 01/08/14. It is noted the injured worker is a candidate for left knee arthroplasty and that further treatment for the right knee will be considered "later, if it hurts more than the left." This physician recommends 12 sessions of aqua therapy over 6 weeks. Utilization review dated 07/08/14 approves 8 visits for 07/08/14 through 08/22/14. There are no notes indicating the injured worker has participated in these previously approved sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy QTY:12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22 of 127 98-99 of 127.

Decision rationale: The diagnosis submitted with the request includes that of internal derangement of the knee, which affects the injured worker bilaterally. MTUS does support the use of aquatic therapy when reduced weight bearing is desirable. Records do not specifically state reduced weight bearing is desirable but does include the injured worker's ordered use of a walker and frequent episodes of falling due to his knee conditions. MTUS states all forms of active therapy is "based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." This injured worker has been recommended for further surgical intervention of the left knee, indicating that further therapeutic intervention is not anticipated to restore the injured worker's functional abilities or resolve his discomfort. Records show the injured worker has participated in 10 sessions of aquatic therapy between April and June of 2014. There are no aquatic therapy notes included for review to demonstrate the injured worker's response to previously received therapy. It is unclear that the injured worker has or is anticipated to receive any benefit from further aquatic therapy. Based on the clinical information submitted for review, medical necessity for 12 sessions of aquatic therapy is not established.