

Case Number:	CM14-0123946		
Date Assigned:	08/08/2014	Date of Injury:	04/21/2012
Decision Date:	12/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/19/2014

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 Family Practice, 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:

This 56 year old female sustained a work related injury on 4/21/2012. The mechanism of injury was not described. The current diagnoses are right knee medial and lateral meniscus tears and status post right knee arthroscopy with partial meniscectomy (4/24/2014). According to the progress report dated 7/2/2014, the injured workers chief complaints were status post right knee pain and discomfort. The physical examination of the right knee revealed a well-healed incision with no erythema or drainage. Range of motion 0-120. On this date, the treating physician prescribed aquatic therapy, which is now under review. In addition to aquatic therapy, the treatment plan included home exercises, Ibuprofen, Methoderm ointment, and return appointment in 4 weeks. Treatments to date included physical therapy, chiropractic care, acupuncture, and surgery. The records indicate that the injured worker completed 24 post-operative physical therapy visits; however, it did not provide specific dates or results. No diagnostic imaging or surgical reports were specified in the records provided. When aquatic therapy was first prescribed work status was to remain off work. On 7/19/2014, Utilization Review had non-certified a prescription for right knee aquatic therapy. The aquatic therapy was non-certified based on no documentation that the injured worker was unable to tolerate land based therapy or land based home exercise program. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Aqua Therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aquatic Therapy (Including Swimming).

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

Decision rationale: According to the guidelines, aquatic therapy is recommended as an option of the exercise therapy and as an alternative to land-based physical therapy. The number of supervised visits of aquatic therapy is up to 10 sessions. The claimant had completed physical therapy and there is no indication that home exercise and land based therapy cannot be continued. There is no indication that aqua therapy is necessary over land based therapy. The request for 12 sessions of aquatic therapy also exceeds the amount suggested by the guidelines and is not medically necessary.