

Case Number:	CM14-0139834		
Date Assigned:	09/08/2014	Date of Injury:	08/10/2012
Decision Date:	10/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine, 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 date of injury is 8/10/2012. Mechanism of injury was not provided for review. Patient has a diagnosis of internal derangement of knee and post L tibial plateau fracture. Patient is post L knee arthroscopic surgery on 6/13 and hardware removal from knee on 4/15/14. Medical reports reviewed; last report available until 8/7/14. Physical therapy notes improvement in range of motion and healing wound. Still has tenderness to knee with noted decreased in strength of Gastroc-Soleus and Iliopsoas to 4/5 and Hamstrings and Quadriceps to 3/5. Patient was reportedly doing home exercise therapies well. Last note from orthopedist on 7/23/14 states that patient is improving with less pain and increased range of motion to the affected knee. Also has a shoulder complaint. It recommended continuation of physical therapy. Note from 5/29/14 reports that patient is undergoing pool therapy due to pain with weight bearing during exercise. No medication list was provided for review although Voltaren, Norco and Neurontin were checked off on medications provider was giving patient. Patient has reportedly completed 17 post-operative PT sessions since hardware removal. Independent Medical Review is for additional Aquatic Therapy of L Knee 2x6weeks (12 total). Prior UR on 8/22/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY 2X6 FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where patient is not able to tolerate land based therapy. Documentation states that patient has pain limiting effective land based physical therapy. Patient meets criteria for aquatic therapy based physical therapy. As per records, patient has completed over 17 PT sessions. Review of post-Surgical Treatment Guidelines does not have the specific procedure that patient underwent. As per Operative Note, patient underwent "Hardware Removal, manipulation under anesthesia" therefore review will use "manipulation under anesthesia" as a guideline. Post-surgical guidelines recommend up to 20 Physical therapy sessions. Patient has already completed 17 sessions. An additional 12 sessions does not meet Post-surgical Treatment Guidelines despite signs of gradual improvement in range of motion. Additional Aquatic Therapy 2x6 sessions is not medically necessary.