MAXIMUS Federal Services

Case Number:	CM14-0151364		
Date Assigned:	09/19/2014	Date of Injury:	04/12/1990
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 64 year old female who was injured on 04/12/1990. The mechanism of injury is unknown. Her medication history included meloxicam, Gabapentin, tramadol and Euflexxa injection. She has been treated conservatively with physical therapy, number of sessions are unknown. The patient underwent arthroscopy of right knee, arthroscopy of left knee, dates unknown.Progress report dated 08/18/2014 states the patient presented with complaints of right knee pain. The patient had requested surgery for total knee arthroplasty but request was denied. She had x-rays performed on the right knee revealing medial joint line space narrowing. On exam, the right knee revealed tenderness at the medial joint line and left knee medial joint line. Patella position was neutral bilaterally without crepitus. Range of motion of the knee revealed flexion on the right at 110 and left at 120; and extension -5; passive range of motion revealed flexion on the right at 115 and left at 125; and extension at -2 on the right and -5 on the left. She had mild valgus stress on the right at 3-5 mm and positive Apley's grind. The patient is diagnosed with right chondromalacia, right rheumatoid arthritis, right knee medial meniscus tear and degenerative arthritis of the right knee. The patient was recommended for physical therapy and water therapy to the right knee.Prior utilization review dated September 3, 2014 indicates the request for physical therapy x 12 is denied as the medical necessity has not been established; the request for water therapy is modified to certify water therapy 6 sessions as land based physical therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Physical Therapy Guidelines for Knee and Femur

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG), Knee, Physical Therapy

Decision rationale: As per CA MTUS guidelines, physical medicine 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.

Water Therapy x12: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, 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, such as for extreme obesity. There is no indication the patient requires reduced weight-bearing. In addition, the IW has had physical therapy in the past; at this juncture, she should be well versed in independent home exercise program, which she can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. The medical necessity of the request is not established.