

Case Number:	CM14-0170578		
Date Assigned:	10/20/2014	Date of Injury:	05/18/2008
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 injured worker is a 53 year old female with a date of injury on 5/18/2008. Lower extremity magnetic resonance imaging (MRI) scan without contrast dated 6/23/14 revealed the following findings: (a) no meniscal tear, (b) no ligament tear, (c) broad full-thickness chondral defect with subchondral bone plate remodeling over an area measuring approximately 12 x 9 mm involving the median ridge. This is likely the sequelae of a chronic osteochondral injury. No bone marrow edema or subchondral cystic changes at this time. Evaluation of the trochlear groove demonstrates mild chondral thinning centrally without exposed subchondral bone. (d) Small knee joint effusion. Records dated 6/26/14 indicate that the injured worker underwent left knee injections and brought her pain from 5-6/10 down to 0/10. Physical therapy notes dated 9/12/2014 indicate the injured worker is ready for independent aquatic exercise but she was unsure if she will continue on her own. Most of the rehabilitation goals were except being unable to step down without knee pain or without upper extremities on rail (tolerable 50% weightless point). She was discharged to post aquatic exercise x 1 month. Most recent records dated 9/23/2014 notes that the injured worker is post left knee autologous chondrocyte implantation and she was doing well. She reported that he has been feeling much better and reported feeling she was starting to get a normal gait. She still has pain going down stairs. On examination, motor strength was 5- in the quadriceps and hamstring. She is diagnosed with status post left knee autologous chondrocyte implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 12 visits over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 08/25/14); Physical Medicine

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

Decision rationale: Evidence-based guidelines indicate that pool therapy is an optional form of therapy that can be used as an alternative to land-based therapy if weight-bearing cannot be tolerated. In this case, there is no indication that the injured worker cannot do land-based exercises. The only reason pool therapy was requested was due to hesitancy of the injured worker. Moreover, the injured worker can now do weight bearing activities with the exception to going down the stairs but there is no indication that properly instructed exercises cannot address this. In fact, motor strength is noted to be near pre-injury state. In addition, guidelines indicate that for chronic conditions, active treatment modalities including exercises, education and activity modification surpasses passive treatment modalities and these treatments are noted to produce better outcomes. Based on these reasons, the medical necessity of the requested pool therapy 12 visits over 3 months is not established.

Physical Therapy (land therapy) 12 visits over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 08/25/14) Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Labor code indicates that a maximum of 24 sessions for physical, occupational, and chiropractic sessions can be authorized given that there is proof that functional gains are being achieved. In this case, the injured worker's 12 physical therapy notes report that almost all of the functional goals have been met however she still experiences pain when going down the stairs rated at 4/10. However, records indicate that her lower extremity muscle strength is near pre-injury state and she has been taught to do home exercises to prevent muscle strength regression. Given that the condition of the injured worker is already in the chronic phase, guidelines indicate that active treatment modalities preferable over passive treatment modalities due to noted better outcomes. Active treatment modalities include exercises, education, and activity modification. Based on the records there is no indication that the injured worker cannot do independent exercises on her own and her condition is already in the chronic phase. Thus, the medical necessity of the requested physical therapy (PT) (land therapy) 12 visits over 3 months is not established.

