

Case Number:	CM14-0026131		
Date Assigned:	03/07/2014	Date of Injury:	09/24/2010
Decision Date:	03/11/2014	UR Denial Date:	02/05/2014
Priority:	Expedited	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 47 year-old male sustained an injury on 9/24/10 while employed by [REDACTED]. Request under consideration include URGENT Aqua Therapy 2x/wk X 4 weeks to left knee. MRI of left knee on 12/5/12 showed subchondral cyst/ post traumatic in medial tibial condyle anteriorly; mild knee joint effusion. MRI of lumbar spine on 12/5/12 showed multi-level 2-3 mm disc protrusions without significant canal stenosis. Report of 7/17/13 from [REDACTED] noted patient with complaints of left knee pain and low back pain radiating down left leg with paresthesias. Exam of lumbar spine showed tender lumbar paraspinals; positive SLR on left (no specifics); and diminished range (no degrees or planes specified). Report dated 12/18/13 from [REDACTED] noted diagnoses of left knee pain/chondromalacia s/p arthroscopy and micro fracture, partial lateral meniscectomy 9/5/13; lumbar spinal strain with disc pathology and left radiculopathy; gastritis; and anxiety/depression. Treatment plan was to increase ROM, stationary bike, follow-up with psych for stress and anxiety, and aquatic PT 2x6 for low back with modified work restrictions limitation of 10 lbs. Report of 1/15/14 noted patient with left knee pain 5-7/10 with mild swelling, clicking and popping. Exam showed tender patellar facets and later joint line; negative Lachman's, varus/valgus, drawer tests; positive patellofemoral compression; range 0-130 degrees. Diagnoses include left knee pain likely lateral meniscus tear, chondromalacia; stress; GI issues. Patient is currently having aqua therapy for his back. The patient is off work, TTD until 2/28/14. Request above was non-certified on 2/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT AQUA THERAPY 2XWK X 4WKS FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 47 year-old male sustained a knee injury on 9/24/10 while employed by [REDACTED]. Request under consideration include URGENT Aqua Therapy 2x/wk X 4 weeks to left knee. Report of 7/17/13 from [REDACTED] noted patient with complaints of left knee pain and low back pain radiating down left leg with paresthesias. Exam of lumbar spine showed tender lumbar paraspinals; positive SLR on left (no specifics); and diminished range (no degrees or planes specified). Report of 1/15/14 from [REDACTED] noted patient with left knee pain 5-7/10 with mild swelling, clicking and popping. Exam showed tender patellar facets and later joint line; negative Lachman's, varus/valgus, drawer tests; positive patellofemoral compression; range 0-130 degrees. Diagnoses include left knee pain likely lateral meniscus tear, chondromalacia; stress; GI issues. [REDACTED] noted the patient is currently having aqua therapy for his back. The patient is off work, TTD until 2/28/14. Previous report dated 12/18/13 also noted the patient receiving aquatic PT 2x6 for his low back with treatment plan to increase ROM, stationary bike with modified work restrictions limitation of 10 lbs. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery (arthroscopy over 6 months ago) nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the aquatic PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status has actually diminished from restriction of 10 pound limitations in December 2013 to TTD status in January 2014 report. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the aquatic therapy. The URGENT Aqua Therapy 2x/wk X 4 weeks to Left Knee is not medically necessary and appropriate.