

Case Number:	CM14-0038554		
Date Assigned:	06/27/2014	Date of Injury:	03/29/1996
Decision Date:	08/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Orthopedic Surgery, 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 53-year-old female sustained an industrial injury on 3/29/96. The mechanism of injury was not documented. The patient was status post left knee arthroscopic debridement on 8/27/13 with a post-operative diagnosis of osteoarthritis. There was on-going pain and functional disability in the post-operative period. Treatment included physical therapy, activity modifications, medications, and viscosupplementation. The 3/9/14 right knee MRI impression documented high grade cartilage loss along the lateral patellar facet with secondary degenerative changes. There was mild partial thickness cartilage fissuring along the medial patellar facet and median ridge of the patella. Findings documented a discoid medial meniscus with a longitudinal horizontal tear. There was moderate knee joint effusion. There was mild fraying of the lateral meniscus suggestive of a small non-displaced chronic tear. The 3/9/14 left knee MRI documented lateral meniscus degenerative changes suggestive of mild chronic tearing and fraying with mild lateral meniscus extrusion. There was high grade cartilage loss within the medial and lateral compartments and mild partial thickness cartilage loss in the anterior compartment. There was small knee effusion and mild tricompartmental osteophyte formation. The 3/13/14 treating physician report cited constant grade 8-9/10 bilateral knee pain with increased right knee pain. There was numbness and tingling in the left foot toes. Pain was reduced with rest, activity modification, and heat. The patient had been attending Physical Therapy 2 times per week for the past 6 weeks with limited improvement. The patient was reported overweight. She reported left knee weakness and a feeling of giving way in her right knee. The patient was unable to squat rise or duck walk and had difficulty with heel walk. There were moderate medial collateral and lateral ligaments bilaterally. Right knee range of motion was -5 to 110 degrees and left knee was -10 to 70 degrees. The treatment plan recommended Orthopedic Surgical Consult and additional Physical Therapy 2x6. The 3/21/14 utilization review denied the request for additional Physical

Therapy and Aquatic Therapy as there were no details regarding the amount of post-operative Physical Therapy for the left knee, prior therapy for the right knee, and associated benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy and Aquatic Therapy 2 X week for 6 weeks Bilateral Knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Post-Operative, and Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Aquatic therapy, Physical Medicine Page(s): 9,22,98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period has expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Assessment of treatment efficacy is achieved by reporting functional improvement. Guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guideline criteria have not been met. There is no evidence that functional improvement has been achieved with physical therapy during the post-surgical treatment period. Records suggest therapy visits have far exceeded the recommended general course of care. An Orthopedic Surgical Consult has been requested. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program at this time. Therefore, this request for additional Physical Therapy and Aquatic Therapy 2 times a week for 6 weeks bilateral knees is not medically necessary.