

Case Number:	CM14-0044136		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2012
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47 year old male who reported an injury on 01/30/2012 the injured worker sustained an injury to his left knee and right ankle when the hydraulic jack busted causing the pallet jack to drop and hit his left knee and right ankle. He stated he noted a popping sensation to his right knee. On 02/15/2012 a MRI reported a tear of the medial meniscus, small to moderate knee effusion, mild cartilage thinning and fraying of the patella and the trochlea, edema within the subcutaneous soft tissue and within the Hoffa's fat pad. On 10/24/2012 the injured worker was seen for bilateral knee, and right ankle pain. The treatment plan at that time was for surgical intervention in the form an arthroscopic left knee surgery, also a weight loss and water therapy. On examination 01/27/2014 the injured worker was follow-up of bilateral knee, right ankle pain. He rated his left knee pain as 10/10 on pain scale and the right knee as a 5/10. He states he has obtained a left knee brace for support as stability. He reported that his pain is significantly decreased while wearing the brace temporality 04/22/2013 the injured worker underwent left medial meniscectomy. He has 24 visit of postoperative physical therapy for the left knee and a custom brace for the left knee. He stated that the knee pain continues. He states he can only walk 20 minutes at a time without sever pain. The injured worker reports that his left knee is a 7-8/10 on the pain scale. He denies changes in symptom since his last visit. Medications were oxycodone 5 mg 1 tablet by mouth twice a day as needed #60. He states the medication does help to decrease the pain and helps to improve him functionally. He denies side effect to the medication. On 01/27/2014 follow-up visit it is noted that the injured worker has had about 12 visits of water therapy in the past which the injured worker states helped decreased his pain significantly and allowed him to increase his activity level and helped with losing weight. A request for eight visits of additional water therapy, twice a week time four weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight visits of additional water therapy, 2 times a week times 4 weeks: Upheld

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

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

Decision rationale: The request for eight visits of additional water therapy twice a week time four weeks is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend aqua therapy as an optional form of exercise therapy where available, as an alternative to land base physical therapy. The recommended water therapy can provide short term relief during early phase of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparing with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The time period and the fact the injured worker has completed 12 visits for water therapy in the pass, The injured worked are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The injured worker has participated in a sufficient number of supervised aquatic therapy sessions in order to acquire the knowledge necessary to continue with long-term water-base therapeutic exercise program if desired .The medical necessity for continuation of skilled quantic therapy service cannot be established based upon the clinical guideline and /or clinical data submitted at this time. The request for eight visits of additional water therapy twice a week times four weeks is non-certified.