

Case Number:	CM14-0052730		
Date Assigned:	07/07/2014	Date of Injury:	08/16/1995
Decision Date:	09/24/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 is a 53-year-old female who sustained a vocational injury on 08/16/95 while working as a handler. The records provided for review document a current diagnosis of displacement of lumbar intervertebral disc without myelopathy, unspecified internal derangement of the knee, tear of the medial cartilage or meniscus of the knee. The office note from 03/13/14 noted that the claimant had constant low back pain with paresthesias in the bilateral legs and hips, constant knee pain with paresthesias to the toes of the left foot, and increased pain in the right knee. The claimant is noted to be status post knee arthroscopy on 08/27/13. The report of an MRI of the right knee from 03/09/14 showed high-grade cartilage loss along the lateral patellar facets secondary to degenerative changes, partial thickness cartilage filtering along the medial patellar facet and median ridge of the patella, and a longitudinal tear involving the body of the posterior horn of the medial meniscus with an elongated low signal intensity along the body of the medial meniscus most likely representing a discoid meniscus. A moderately sized knee joint effusion was noted with mild spurring of the free agent of the posterior horn of the lateral meniscus suggesting a small nondisplaced chronic tear. Twelve sessions of physical therapy were recommended. This review is for physical therapy/aquatic therapy times twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/Aquatic 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines state that aquatic therapy may be recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Recommendations regarding the quantity of supervised visits is equal to the quantity of medically reasonable allotment of visits defined by California Chronic Pain Medical Treatment Guidelines, California Postsurgical Rehabilitation Guidelines or Official Disability Guidelines for the current working diagnosis. Currently, the documentation presented for review fails to specify the requested anatomic location for the physical/aquatic therapy times twelve visits. In addition, documentation presented for review fails to establish if the claimant has previously had formal land based or aquatic therapy, the quantity of that previously recommended therapy and the response to the previously recommended therapy; all of which would be imperative to know prior to considering medical necessity for the current request. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request cannot be considered medically necessary.

Right Knee Arthroscopy Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California ACOEM Guidelines recommend that there should be documentation of activity limitation for more than one month and failure of exercise program to increase range of motion and strength of the musculature around the knee. In addition, there should also be diagnostic studies confirming pathologies may be amendable with surgical intervention. While right knee arthroscopic surgery may be ultimately medically reasonable, the exact nature of the procedure would need to be delineated prior to recommending it medically necessary. Subsequently, based on the documentation presented for review and the lack of specificity for the surgical request, right knee arthroscopic surgery cannot be considered medically necessary.