

Case Number:	CM14-0052966		
Date Assigned:	07/07/2014	Date of Injury:	12/22/2004
Decision Date:	09/26/2014	UR Denial Date:	04/08/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 male who reported an injury on 10/22/2004. The mechanism of injury was not provided for clinical review. The diagnoses included status post left knee ACL reconstruction, status post revision left knee arthroscopy, and severe osteoarthritis. The previous treatments included medication, 100 sessions of physical therapy, and aquatic therapy. Within the clinical note dated 06/23/2014, it was reported the injured worker complained of chronic feeling of instability, pain, crepitation, and inflammation of the knee. Upon the physical examination, the provider noted the injured worker had patellofemoral crepitation, grind, and trace effusion. The range of motion was noted to be 0 to 110. The provider noted the injured worker had a stable Lachman, tenderness to the medial and lateral joint line. The provider requested physical therapy and aquatic therapy. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 visits for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Physical therapy x 8 visits for the left knee is not medically necessary. The California MTUS Guidelines state that physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the efficacy of the injured worker's prior course of physical therapy. The injured worker has utilized 100 sessions of physical therapy. The request of 8 additional exceeds the guideline recommendations. Therefore, the request is not medically necessary.

Aqua therapy x 8 visits for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request Aqua therapy x 8 visits for the left knee is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based therapy in those individuals in whom reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker had a condition for which weight bearing is desirable. There was a lack of documentation of motor deficits in the lower extremities. The number of sessions the injured worker has utilized was not provided for clinical review. Therefore, the request is not medically necessary.