

Case Number:	CM14-0055762		
Date Assigned:	07/09/2014	Date of Injury:	09/17/2010
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Rehabilitation, 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 56 year old female who sustained an injury to the left knee on 09/17/10. The mechanism of injury is not documented. Treatment to date has included 8 physical therapy visits and 12 aquatic therapy visits for the left knee. Physical examination noted no warmth about the knee; minimal effusion and tenderness (medially more than laterally) where the prosthesis was placed as well as around the patellofemoral joint; ambulation with cane; "stable" knee; no lock, catch or clicking with range of motion; range of motion 0-130 degrees; analgesic gait. Treatment to date has included NSAIDs, physical therapy, aquatic therapy, Cortisone injection, Morphine sulfate and other pain medications. Additional physical therapy and aquatic therapy was recommended to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 3x4 left knee: Upheld

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

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

Decision rationale: The request for pool therapy 3 x wk x 4 wks for the left knee is not medically necessary. There was no indication that a surgical intervention had been performed. The records indicate that the injured worker has been approved for at least 12 physical therapy visits to date. The ODG recommends up to 12 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the ODG recommendations, either in frequency or in duration of physical therapy visits. Given this, the request for pool therapy is not medically necessary.

Physical therapy 2xwk x 4wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The request for physical therapy 2 x week x 4 weeks for the left knee is not medically necessary. The previous request was denied on the basis that the injured worker has already been approved for at least 8 physical therapy visits to date. There was no mention that a surgical intervention had been performed. There was no additional significant objective clinical information provided that would support the need to exceed the California MTUS recommendations, in either frequency or duration of physical therapy visits. Given this, the request for physical therapy 2 x week x 4 weeks is not indicated as medically necessary.