

Case Number:	CM14-0062419		
Date Assigned:	07/11/2014	Date of Injury:	01/30/2012
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

The patient is a 48-year-old male who submitted a claim for sprains and strains of unspecified site of knee and leg associated with an industrial injury date of January 30, 2012. Medical records from September 2013 to July 2014 were reviewed, which showed that the patient complained of persistent low back, left knee and right and left foot pain. Patient's height is 5'10", weight of 350 pounds, and derived body mass index of 50.2 kg/m². Examination of the left knee revealed mild tenderness, mild swelling and a range of motion from 0-125 degrees, and an audible crepitus with motion. The right knee has painful patellofemoral crepitus with motion. Motor exam of both lower extremities showed 5/5 quad strength and 5/5 hamstring strength. Treatment to date has included arthroscopic medial meniscectomy on 4/22/13, 24 post-operative physical therapy visits and 12 aquatic therapy visits. Utilization review from April 22 2014 denied the request for eight additional visits of pool therapy because the patient has had 24 post-operative physical therapy visits after left knee arthroscopy and 12 aquatic therapy visits for a total of 34 visits already. Guidelines only recommend up to 9-10 visits over 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional visits of pool therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section, Physical Medicine Section Page(s): 22,99.

Decision rationale: According to page 22 of the the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy (including swimming) is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity or fractures of the lower extremity. The recommended number of physical medicine visits is 8-10. In this case, the patient has been treated with a total of 34 sessions of physical medicine already, including 12 aquatic therapy visits. Progress report from 12/03/2013 cited that previous aquatic therapy resulted in decreased pain, increased strength, and increased activity levels. However, it is unclear why patient cannot transition into a self-directed exercise program given the extent of therapy sessions completed. The present request exceeds the guideline-recommended number of visits of 8-10. Therefore, the request for EIGHT ADDITIONAL VISITS OF POOL THERAPY is not medically necessary.