

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0070632 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 06/13/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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, has a subspecialty in Pain Management 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 patient with a date of injury of 6/13/11. A utilization review determination dated 4/11/14 recommends non-certification of aqua therapy x 18 and a right knee Dynasplint. Physical Therapy (PT) was modified from 18 sessions to 12 sessions. It referenced a medical report from 3/31/14 and an operative report from 3/21/14 identifying that the patient has possible RSD and arthrofibrosis s/p knee surgeries. The patient did poorly following the previous knee surgeries and was again taken to the OR, where a chondroplasty of the medial femoral condyle was done along with scar tissue excision and insertion of a pain pump. The patient was able to gain full extension. The flexion is unclear as it appears to be a typographical error of 1109 degrees and it was also noted to be unclear as to whether the flexion measurement was from before or after the procedure. The corresponding medical reports are not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land Based Physical Therapy 18 visits; 3 times per week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-25.

Decision rationale: Regarding the request for physical therapy (PT), the MTUS supports up to 24 sessions after surgery, with half that amount recommended initially. Within the documentation available for review, the patient has a history of multiple knee surgeries and is believed to also have CRPS. While there is likely to be a need for a significant amount of PT after surgery, the MTUS supports only up to 12 initial sessions, with treatment beyond that dependent upon the ongoing efficacy of PT for the patient. The previous utilization reviewer modified the request to certify 12 initial sessions to demonstrate efficacy, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the Land Based Physical Therapy is not medically necessary.

Aqua Therapy 18 visits; 3 times a week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no indication that the patient would require therapy in a reduced weight-bearing environment and concurrent land-based physical therapy was also recommended by the provider. Furthermore, the requested number of sessions exceeds the recommendations of the MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, Aqua Therapy is not medically necessary.

1 Dyna splint right 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, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Static progressive stretch (SPS) therapy.

Decision rationale: Regarding the request for Dynasplint, the California MTUS does not address the issue. The ODG notes that a mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for specific conditions, including as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. Within the documentation available for review, it is noted that the surgery performed was for the purpose of improving ROM and the device was to be used in conjunction with PT, but unfortunately, there is no provision for modification of the request to allow for up to

8 weeks of use rather than the apparent indefinite use being requested. In light of the above issues, the currently requested Dynasplint is not medically necessary.