

Case Number:	CM14-0080020		
Date Assigned:	07/18/2014	Date of Injury:	05/21/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female with a reported date of injury on 05/21/2012. The mechanism of injury was a slip and fall at work. Her diagnoses were noted to include fracture of the left patella, status post open reduction internal fixation and arthroscopic lysis of adhesions with persistence of knee pain and left lower extremity weakness, persistence of pain and weakness in the left leg consistent with retained hardware, depression and anxiety, probable sacroiliac dysfunction to the left side, and lumbar sprain/strain. Her previous treatments were noted to include physical therapy, a walker, surgery, and medications. The progress note dated 04/28/2014 revealed the injured worker complained of significant pain with compression and with resistance to knee extension. The physician indicated pool therapy, noting that she had persistence of pain and tenderness in the lumbar area with some restriction of lumbar mobility of flexion, extension, and side tilts, with pain during the range of motion, and palpation of the knee with a well healed scar on the left knee and crepitus when the knee was put through flexion to extension, with atrophy. The Request for Authorization form dated 05/06/2014 was for pool therapy 2 times a week for 4 weeks to regain strength after hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, left knee #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee- Criteria for Hardware implant removal (fracture fixation);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for 8 postoperative pool therapy visits to the left knee 2 times a week for 4 weeks is denied. The injured worker was authorized to undergo hardware removal to the left knee and 5 sessions of postoperative aquatic therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable (for example, extreme obesity). The postsurgical treatment guidelines recommend for fracture of patella 10 visits over 8 weeks and a postsurgical physical medicine treatment period of 4 months. The documentation provided indicated the surgery was authorized and 5 sessions of postoperative aquatic therapy was also authorized. There is lack of documentation regarding the completion of the surgery or physical therapy sessions completed. Therefore, the request is not medically necessary.