

<b>Case Number:</b>	CM14-0082275		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 male patient with the date of injury of June 25, 2013. A Utilization Review was performed on May 13, 2014 and recommended non-certification of aqua therapy 2x6 left knee, PT 2x6 left knee, and MR arthrogram of the left knee. A Progress Report dated April 10, 2014 identifies Subjective Complaints of left knee pain 8/10. He is currently attending physical therapy and has completed four sessions thus far which helped to improve his range of motion. Objective findings identify limited range of motion with flexion of 130 degrees and extension of 0 degrees. There was tenderness to palpation noted to the medial and lateral joint line to the left. McMurray's test was positive. There was effusion noted. Diagnoses identify left knee meniscal tear, status post arthroscopy, left knee synovial disorder. Treatment Plan identifies MR arthrogram of the left knee, physical therapy including aqua therapy two times a week for six weeks for the left knee. There is note that MR arthrogram is requested to make sure the patient does not have a new meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 x 6 left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy

**Decision rationale:** Regarding the request for aqua therapy 2 x 6 left knee, Chronic Pain Treatment Guidelines state that aquatic therapy is 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. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aqua therapy 2 x 6 left knee are not medically necessary.

**Physical therapy 2 x 6 left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy 2 x 6 left knee, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions and specific objective functional improvement with the previous sessions. However, there is no indication that remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 2 x 6 left knee is not medically necessary.

**MRI Arthrogram of left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Online Edition, Chapter 13: Knee Complaints

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's, MR Arthrography

**Decision rationale:** Regarding the request for MRI arthrogram of left knee, Occupational Medicine Practice Guidelines indicate the most knee problems improve quickly once any red flag issues are ruled out. They go on to indicate that MRIs are superior to arthrography for both diagnosis and safety reasons period ODG states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. Within the documentation available for review, there is note that the patient has previously undergone surgical intervention for a meniscus injury and MRI arthrogram is requested to make sure the patient does not have a new meniscal tear. As such, the currently requested MRI arthrogram of left knee is medically necessary.