

Case Number:	CM14-0097654		
Date Assigned:	07/28/2014	Date of Injury:	06/02/2008
Decision Date:	10/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 patient is a 45-year-old gentleman with a date of injury of 6/02/08. Mechanism of injury is not disclosed. This patient is Permanent and Stationary for diagnoses of bilateral knee derangement, s/p right knee arthroscopy, compensatory left knee pain and depression. He was declared P & S in May of 2012. The patient has future medical provision. On 11/06/13, an MRI of the left knee was done and did show meniscus degenerative changes/tear. On 12/13/13, arthroscopic surgery to the left knee was recommended. The surgery was authorized, however, the patient was reluctant to do the surgery secondary to financial issues. Because of such, on 2/04/14, 12 sessions of aquatic therapy recommended. On 4/14/14, aquatic therapy x 12 was requested again, and it appears that this was authorized on 4/25/14. The most recent report from the requesting physician is on 5/13/14. This report does not discuss response to aquatic therapy. There is no report of improvement, but rather, the patient continues to complain of significant and debilitating pain. This was submitted to Utilization Review with an adverse determination rendered on 6/09/14. The rationale for denial was that there was no evidence of benefit following the first authorized 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy to the Right Knee 12 units 2 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical medicine, Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment

Decision rationale: The CA MTUS discusses post-op recommendations for PT, and in this case, the patient opted to not have surgery to the left knee, therefore, consider ODG, which gives non-surgical PT recommendations. For both arthritis and meniscus tear, ODG recommends up to 9 sessions. The CA MTUS does support aquatic therapy as an option in patients who may benefit from therapy in a weightless simulated environment. In this case, the patient is P & S with future medical provision. He had prior right knee arthroscopy and had compensatory left knee pain. Recent MRI showed degenerative changes and meniscus tear at the left knee, and surgery was authorized, however, the patient deferred surgery. Aquatic therapy x 12 was requested and authorized. Additional aquatic therapy exceeds general guideline recommendations, and there is no clear evidence of benefit with objective and functional progression. Medical necessity for additional aquatic therapy 2 x 6 was not established. Therefore, the request is not medically necessary.