

Case Number:	CM13-0021842		
Date Assigned:	11/13/2013	Date of Injury:	05/09/2012
Decision Date:	02/25/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55-year old female with date of injury 5/9/12. The treating physician report dated 7/12/13 (100) indicates that the patient presents with a chief complaint of bilateral knee pain, which she rates as 7/10. The patient complains of significant knee pain, left worse than the right, and notes that it is hard to walk secondary to pain. The patient notes that she is currently awaiting authorization for a weight loss program and states that she has now gained 30 pounds since her industrial injury. She also states that her left knee continues to give out. The physical examination findings reveal left knee range of motion is 0 to 120 degrees and there is painful patellofemoral crepitus with motion. Right knee range of motion is 0 to 130 degrees that is tender to palpation along medial and lateral patellofemoral joint lines, painful patellofemoral crepitus with motion but no patellar instability. Gait is antalgic. Prior treatment history includes left knee surgery October 2012, medications, acupuncture, and chiropractic therapy. MRI findings of the left knee dated 12/28/12 reveal a complex tear anterior horn to body and posterior horn lateral meniscus with subluxation of meniscal tissue and severe lateral femorotibial degenerative change including grade IV chondromalacia patella with mild edema in the lateral femoral condyle and lateral proximal tibial region. Blunt free edge body and medial meniscus with medial compartmental chondral thinning and degenerative spurring as well as marrow edema. The current diagnoses are: -Left knee arthroscopic lateral meniscectomy from 10/29/12- Fall on bilateral knees with healing abrasions on 12/18/12-Bilateral knee chondromalacia patella- Left knee complex tear anterior and posterolateral meniscus-Left knee sever chondromalacia

patellaThe utilization review report dated 8/16/13 (5) denied the request for Aqua therapy 8 visits based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 8 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; physical medicine Page(s): 22; 98-99.

Decision rationale: The patient presents with a chief complaint of bilateral knee pain, which she rates as 7/10. The current request is for Aqua therapy 8 visits. The treating physician report dated 7/12/13 (100) states a request for "aqua therapy two times a week four for bilateral knee strengthening and conditioning." MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this case, the treating physician has documented the patient's difficulty bearing weight on her left knee as well as weight gain that has occurred since the industrial injury. There is no recent history noted of any physical therapy being performed and the current request is medically necessary. Recommendation is medically necessary.