

Case Number:	CM14-0177843		
Date Assigned:	12/12/2014	Date of Injury:	07/22/2009
Decision Date:	01/15/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

The patient is a 56-year old male with a date of injury of 7/22/09. The medical records indicate that the patient is being treated for chronic right knee complaints. The patient has been diagnosed with right knee lateral meniscus tear, status post right knee arthroscopy, partial meniscectomy, chondroplasty and partial synovectomy performed on 1/24/2014. Exam note from 5/14/14 demonstrates right knee discomfort. The patient's right knee pain has significantly resolved with only slight anterior knee pain in morning. The pain subsides during the day, and at the end of the workday the knee feels achy. Physical examination findings include tender lumbar paraspinal muscles and right knee range of motion of 135 degrees of flexion and 0 degrees of extension. The patient has been undergoing aquatic therapy and is performing a home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Twelve (12) additional sessions of aquatic physical therapy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case the exam notes from 5/14/14 do not demonstrate prior response to either land or water therapy. Therefore further visits are not medically necessary, as there is a lack of functional improvement demonstrated. Therefore the request is not medically necessary.