

Case Number:	CM15-0010022		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2011
Decision Date:	04/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 25-year-old female, with a reported date of injury of 07/28/2011. The diagnoses include left knee pain, status post left meniscus repair, status post left knee arthroscopy with debridement and bone grafting, left arthroscopic ligament repair, and chronic right knee pain. Treatments have included an MRI of the right knee on 05/30/2014, which showed mild swelling within the superolateral aspect of the Hoffa's fat pad, a small amount of joint fluid, and degenerative intrameniscal signal within the posterior horn of the medial meniscus; oral medications; and knee braces that did not work. The progress report dated 12/17/2014 indicates that the injured worker continued to have persistent bilateral knee pain. She rated her pain 9 out of 10 without medication and 4-5 out of 10 with medication. The injured worker stated that without medication, she would struggle to do any activities. There were no objective findings documented. The treating physician requested eight (8) sessions of aquatic therapy. The treating physician indicated that the agreed medical examination recommended deep water aerobics and exercises. On 01/08/2015, Utilization Review (UR) denied the request for eight (8) aquatic therapy sessions for the bilateral knees. The UR physician noted that a recent comprehensive left knee examination was not provided in the records, objective evidence of deficits in range or motion or strength was not provided, and the records indicate that the injured worker had physical therapy for the right knee without improvement. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8 session bilateral knees: Upheld

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

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

Decision rationale: The applicant is a represented [REDACTED], employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 23, 2011. In a utilization review report dated January 8, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy to the bilateral knees. The claims administrator referenced progress notes of December 17, 2014 and October 21, 2014 in its determination. The applicant's attorney subsequently appealed. On December 17, 2014, the applicant reported ongoing complaints of bilateral knee pain with ancillary complaints of depression. The applicant reported 9/10 pain without medications versus 4-5/10 with medications. The attending provider suggested (but did not clearly state) that the applicant was working with her medications. The applicant's medications included Norco, Prozac, Prilosec, Motrin, and Elavil, it was stated. The applicant had undergone earlier left knee surgery. Norco was apparently refilled. The applicant was using five to six tablets of Norco a day. The applicant was using a knee brace. Additional aquatic therapy was endorsed. The applicant's gait was not clearly described or characterized on this date. A 20-pound lifting limitation was endorsed. On November 18, 2014, the applicant was described as exhibiting full range of motion about the knees. The applicant was ambulating normally, without a significant limp. The applicant was placed off work, on total temporary disability, on this date, through December 30, 2014. No, the request for eight sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was/is no mention of reduced weight bearing being desirable here. The applicant was described as ambulating independently, without a limp, on November 18, 2014. The attending provider did not clearly explain or establish how, why, and/or if reduced weight bearing was, in fact, desirable here. Therefore, the request was not medically necessary.