

Case Number:	CM15-0130732		
Date Assigned:	07/17/2015	Date of Injury:	11/14/2014
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 54 year old female, who sustained an industrial injury, November 14, 2014. The injury was sustained from a fall at work. The injured worker previously received the following treatments Naproxen, Meloxicam, Norco, Gabapentin, Aquatic therapy, cane, Tramadol, Voltaren Gel, left knee x-rays, left knee MRI which showed a medial meniscus with peripheral vertically oriented tear at the junction of the mid-zone and anterior horn of the medial meniscus. The patellofemoral joint revealed moderate chondromalacia most prominent laterally where was subtle bone marrow edema and one physical therapy session, the injured worker was unable to complete any further physical due to pain. The injured worker was diagnosed with chronic pain syndrome, knee lower leg pain, fasciitis, left knee chondromalacia, status post left knee arthroscopic surgery with partial medial meniscectomy on January 22, 2015. According to progress note of May 7, 2015, the injured worker's chief complaint was left knee pain. The physical exam of the left knee showed a flexion of 90 degrees with some mild effusion relative to the right knee. There was no crepitus with range of motion. The injured worker had severe tenderness over the medial joint line and to touch the skin. The treatment plan included pool therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy, 2 times wkly for 6 wks, Left Knee, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for left knee pain. When seen, there had been no improvement after Synvisc injections. There was medial joint line tenderness and she had difficulty walking. She was in moderate distress. There was a diagnosis of chondromalacia. The claimant's BMI is over 28. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there were benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.