

Case Number:	CM15-0135300		
Date Assigned:	07/23/2015	Date of Injury:	05/15/1998
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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 is a 35-year-old female who sustained an industrial injury on May 15, 1998. She has reported injury to bilateral knees and has been diagnosed with primary location osteoarthritis lower leg, chondromalacia of patella, pain in joint lower leg, chondromalacia, and sprain and strain other specific site knee and leg. Treatment has included conservative measures. The right knee showed tenderness. The injured worker had a plus 1 Lachman, but no pivot shift on the right knee and is status post right ACL construction. The left knee had an anterior cruciate deficient left knee with rotatory instability. The treatment request included physical therapy aquatic therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy aquatic therapy two (2) times a week for six (6) weeks for the left knee (Quantity: 12): 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 injury in 1998 and underwent an ACL reconstruction. She continues to be treated for left knee pain. When seen, she was having increasing knee pain. Physical examination findings included bilateral knee tenderness. Authorization for 12 sessions of pool therapy was requested. 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 has bilateral knee pain and a history of a left ACL repair. 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.