MAXIMUS Federal Services

Case Number:	CM15-0189264		
Date Assigned:	10/01/2015	Date of Injury:	10/24/2003
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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 (n) 57 year old female, who sustained an industrial injury on 10-24-03. The injured worker was diagnosed as having left knee chondromalacia, status post left knee arthroscopy and left knee medial meniscus tear. The physical exam on 6-9-15 revealed right and left knee extension was 0 degrees and flexion was 100 degrees on the right and 115 degrees on the left. There was also atrophy of the left quadriceps musculature and patellofemoral crepitus bilaterally. Treatment to date has included aquatic therapy x 8 sessions, Norco, Mobic and Zantac. As of the PR2 dated 9-1-15, the injured worker reports right greater than left knee pain with popping and clicking. The treating physician noted that the injured worker had completed eight sessions of aquatic therapy with good relief. Objective findings include right knee flexion is 110 degrees, left knee flexion is 120 degrees and patellofemoral crepitus. The treating physician requested aquatic therapy 2 x weekly for 4 weeks to the bilateral knees. On 9-1-15, the treating physician requested a Utilization Review for aquatic therapy 2 x weekly for 4 weeks to the bilateral knees. The Utilization Review dated 9-18-15, modified the request for aquatic therapy 2 x weekly for 4 weeks to the bilateral knees to aquatic therapy 2 x weekly for 2 weeks to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 2 times a week for 4 weeks (bilateral knees): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 has a remote history of a work injury in October 2003 and is being treated for low back and bilateral shoulder, knee, ankle, and foot pain. In June 2015, she was having difficulty exercising because of her knees and 12 sessions of aquatic therapy was requested. In September 2015, she was having continued low back and bilateral shoulder, knee, ankle, and foot pain ranging from sight to severe. She had completed 8 aquatic treatments with reported good relief. Physical examination findings included decreased and painful knee range of motion with quadriceps atrophy. An additional 8 aquatic treatment sessions was requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.