

Case Number:	CM15-0198821		
Date Assigned:	10/14/2015	Date of Injury:	04/23/1999
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 4/23/1999. A review of the medical records indicates she is undergoing treatment for fibromyalgia, medial epicondylitis, and knee osteoarthritis. Medical records (4-8-15 to 5-6-15) indicate ongoing complaints of pain in the right elbow, as well as pain in the left knee. On 4-8-15, she reports that she fell when her left knee gave out. She complained of "severe" pain, indicating "10 out of 10", but then indicated that the left knee has been "20 out of 10". The record indicates that she "cannot do activities of daily living". The 5-6-15 record indicates that she is "awaiting response regarding a left knee arthroscopy". The physical exam (4-8-15) reveals bruising of the left knee, as well as tenderness medially and laterally and effusion. Treatment recommendations include water aerobics at physical therapy, a weight loss program, and a left knee brace. The utilization review (9-17-15) includes a request for authorization of pool therapy for bilateral knees, once a week for twelve weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, bilateral knees, 1 time weekly for 12 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Review indicates the patient is not s/p any recent surgery nor has history of obesity. The patient has completed at least 30 aquatic therapy visits in the past year without documented functional improvement. Although it is noted the patient tolerates the aquatic therapy, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered. The patient reports unchanged activity and pain levels, continuing on analgesics remaining off work. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Pool therapy, bilateral knees, 1 time weekly for 12 weeks, 12 sessions is not medically necessary and appropriate.