

Case Number:	CM15-0201701		
Date Assigned:	10/16/2015	Date of Injury:	08/30/2014
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 46 year old female who sustained an industrial injury on 8-30-2014. A review of medical records indicates the injured worker is being treated for status post right knee arthroscopic surgery with partial meniscectomy and microfracture, lumbar sprain rule out annular lumbar disk tear, cervical sprain with trapezius spasm, and right big toe pain secondary to sprain. Medical records dated 4-29-2015 noted right knee pain with moderate swelling and a giving way feeling when going down the stair, kneeling, squatting, or twisting aggravate the pain. Physical examination noted tenderness in the right knee along the medial joint line and slight joint effusion. Range of motion was restricted. X-rays of the right knee failed to reveal any evidence of joint space narrowing, effusions, hypertrophic spur formation, unusual calcification, fractures, dislocations, or bone tumors. Treatment has included anti-inflammatory medications, knee brace, physiotherapy, ice packs, and cortisone injection with any lasting relief of pain. Utilization review form dated 9-18-2-15 noncertified aquatic therapy 2 x 3 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, twice a week for three weeks, for the right knee: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, there is no evidence that the injured worker needs to be non-weight bearing or that there is a contraindication to traditional land-based therapy, therefore, the request for aquatic therapy, twice a week for three weeks, for the right knee is determined to not be medically necessary.