

Case Number:	CM15-0038361		
Date Assigned:	03/09/2015	Date of Injury:	11/03/2014
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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 49 year old female, who sustained an industrial injury on November 3, 2014. The injured worker had reported a right foot injury. The injured worker was noted to be wearing a walking boot at work due to the right foot injury and twisted her right knee causing right knee pain. The diagnoses have included right knee sprain and chondromalacia patella. Treatment to date has included medications, radiological studies, physical therapy, a home exercise program and aquatic therapy. The documentation supports that the injured workers pain had improved with aquatic therapy. Current documentation dated January 12, 2015 notes that the injured worker complained of right knee pain. Associated symptoms include numbness, tingling and an occasional click and catching. Physical examination of the right knee revealed tenderness of the medial joint line and a positive Apley and Thessaly test. Current requested treatment includes Aquatic physical therapy for the right knee 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:

Aquatic physical therapy for right knee two time a week for 6 weeks (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Official Disability Guidelines (ODG)-knee and leg chapter.

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 November 2014 and continues to be treated for right knee pain. Treatments have included physical therapy and aquatic therapy including a home exercise program. Aquatic therapy is recommended for patients with 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 already had both land-based physical therapy and aquatic therapy. If the aquatic therapy has been of benefit, then requesting a gym membership might be appropriate. However, continued skilled aquatic physical therapy is not medically necessary. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.