MAXIMUS Federal Services

Case Number:	CM15-0038661		
Date Assigned:	03/19/2015	Date of Injury:	03/13/2008
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 3/13/2008. He has reported metal scaffolding weighing approximately 80 pounds hit his left knee. He is status post partial medial meniscectomy 2009, patellar tendon repair in February 2010 and partial medial meniscectomy, lateral release, and synovectomy in October 2010. The diagnoses have included status post patellar tendon repair, left knee strain/sprain and degenerative joint disease. Treatment to date has included medication therapy, physical therapy, and steroid joint injections. Currently, the Injured Worker complains of left knee pain, headaches, low back pain with numbness and tingling in the lower extremities. The physical examination from 1/13/15 documented limited range of motion and tenderness over left knee with effusion and crepitus noted. The plan of care included request for aquatic therapy, a request for a functional restoration pain management detoxification evaluation, and medication therapy as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the left knee, 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate although with antalgic gait with cane. There is no documentation that the patient had failed land-based therapy. He had multiple sessions of physical therapy including six sessions of aquatic therapy without documentation of improvement in pain and function. He should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Therefore, aquatic therapy is not medically necessary at this time.