

Case Number:	CM15-0051967		
Date Assigned:	03/25/2015	Date of Injury:	12/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 35 year old male, who sustained an industrial injury on December 23, 2013. He reported left shoulder, right knee, low back, and neck injuries. The injured worker was diagnosed as having right knee pain and dysfunction, right knee instability, right knee anterior cruciate ligament tear, and right knee bucket handle tear and tear of the medial meniscus - status post right knee arthroscopy with partial medial and lateral meniscectomy and anterior cruciate ligament reconstruction with bone-patellar tendon-bone (BTB) graft on 12/11/2014. Treatment to date has included MRI, knee brace, physical therapy, aquatic therapy, and pain medication. On January 28, 2015, the injured worker complains of intermittent, post-operative right knee pain. He has residual pain after walking and decreased range of motion. The physical exam revealed tender joint lines and patellar facets of the right knee, well healing portals, limited range of motion with pain at end range of flexion, negative Lachman's, positive drawer, negative varus and valgus testing, a small effusion, and quadriceps atrophy. The treatment plan includes continuing physical therapy twice a week for six weeks. Prior to the patient's surgery, he had undergone a series of physical therapy sessions in November, 2014 and had tried treatment with extra-corporal shock wave treatments between April and June, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy Page(s): 98-99, 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommends aquatic therapy as an optional form of exercise therapy, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example in cases of extreme obesity. Physical medicine guidelines allows for a fading treatment frequency for cases with myalgias allowing 9-10 visits over eight weeks plus active self-directed home therapy treatments. In the case of the injured worker, there is a diagnosis of right knee pain and dysfunction, right knee instability, right knee anterior cruciate ligament tear, and right knee bucket handle tear and tear of the medial meniscus - status post right knee arthroscopy with partial medial and lateral meniscectomy and anterior cruciate ligament reconstruction with bone-patellar tendon-bone (BTB) graft on 12/11/2014. There is no specific clinical plan in the medical record that reflects a plan to monitor clinical response to his treatment. There is no plan to allow a fading frequency treatment sessions and there is no plan for home treatment sessions. The requested sessions are also more than the maximum recommended session number in the guidelines. Therefore, according to the guidelines and a review of the evidence, a request for Aqua therapy 2 times a week for six weeks is not medically necessary.

Physical Therapy x 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommends physical therapy for the chronic treatment of pain in as such that it provides short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain and inflammation during the healing process. Active physical therapy is based on the philosophy that therapeutic exercises are beneficial for restoring flexibility, strength, endurance and range of motion. Active therapy requires an internal effort by the patient to complete the specific exercise or task. This form of therapy is followed up such that patients are expected to continue active therapies at home as an extension of the treatment in order to maintain clinical improvement. Physical medicine guidelines allows for a fading treatment frequency of physical therapy sessions over time. In the case of the injured worker, there is a diagnosis of right knee pain and dysfunction, right knee instability, right knee anterior cruciate ligament tear, and right knee bucket handle tear and tear of the medial meniscus - status post right knee arthroscopy with partial medial and lateral meniscectomy and anterior cruciate ligament reconstruction with bone-

patellar tendon-bone (BTB) graft on 12/11/2014. There is no specific treatment plan for physical therapy in this case that specifically addresses a plan to monitor clinical outcomes, response to initial treatments with physical therapy or for a plan of extension for the physical therapy for a fading treatment frequency that involves a plan for home physical therapy. Therefore, according to the guidelines and a review of the evidence, a plan for treatment with physical therapy x 5 sessions is not medically necessary.