MAXIMUS Federal Services

Case Number:	CM15-0057866		
Date Assigned:	04/02/2015	Date of Injury:	04/23/2013
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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 34-year-old female, who sustained an industrial injury on April 23, 2013. The injured worker was diagnosed as having headache, cervical sprain/strain myospasm, cervical disc protrusion per MRI, thoracic sprain/strain myospasm, lumbar sprain/strain myospasm radiculitis versus radiculopathy and hemangioma at L2 per MRI, bilateral shoulder sprain/strain, bilateral acromioclavicular joint arthritis per MRI and bilateral supraspinatus tendinosis per MRI, left shoulder infraspinatus tendinosis per MRI, right shoulder subcoracoid fluid may relate to bursitis and right shoulder supraspinatus tendinosis per MRI, bilateral wrist sprain/strain rule out bilateral wrist internal derangement, bilateral mild carpal tunnel syndrome per nerve conduction velocity (NCV), bilateral knee sprain/strain, status post left knee surgery September 2014, left ankle sprain/strain rule out left ankle internal derangement, abdominal pain, loss of sleep, and psych component. Treatment to date has included physical therapy, left knee surgery September 16, 2014, abdominal ultrasound, cervical/lumbar/shoulder MRIs, and medication. Currently, the injured worker complains of frequent moderate neck pain, occasional moderate upper/mid back pain and stiffness, occasional moderate dull low back pain and stiffness, occasional mild dull achy left shoulder pain, occasional moderate dull achy right shoulder pain, occasional moderate dull achy bilateral wrist pain, occasional moderate dull achy bilateral knee pain, occasional mild left ankle pain, sleep problems, psychological complaints, and left eye pain. The Primary Treating Physician's report dated January 12, 2015, noted the injured worker's cervical range of motion (ROM) decreased and painful, with +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii, and shoulder decompression causing pain. The

lumbar range of motion (ROM) was noted to be decreased and painful with +3 tenderness to palpation of the lumbar paravertebral muscles, with Kemp's causing pain bilaterally. The bilateral shoulder examination was noted to show range of motion (ROM) decreased and painful with +3 tenderness to palpation of the posterior and lateral shoulders. The bilateral wrists examination was noted to show range of motion (ROM) decreased and painful with +3 tenderness to palpation of the dorsal and volar wrists with Phalen's causing pain bilaterally. The left knee was noted to have decreased and painful range of motion (ROM) with less swelling, and +3 tenderness to palpation of the medial and lateral knee, with the right knee also showing decreased and painful range of motion (ROM) and +3 tenderness to palpation of the anterior and medial knee. The left ankle was noted to have decreased and painful range of motion (ROM) with +3 tenderness to palpation of the dorsal and lateral ankle, with anterior and posterior drawer causing pain. The treatment plan was noted to include pending post-operative aqua therapy, follow up by an orthopedic surgeon, physician for pain medication, internal medicine, and hand specialist, and pending sleep studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) post-operative aqua therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment.

Decision rationale: Based on the 01/12/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The request is for EIGHTEEN (18) POST-OPERATIVE AQUA THERAPY SESSIONS FOR THE LEFT KNEE. Patient is status post left knee arthroscopic chondroplasty on 09/17/14 for the diagnosis of complex tear of lateral meniscus and chondromalacia. RFA not provided. Patient's diagnosis on 12/26/14 included right knee chondromalacia patella. Diagnosis on 01/12/15 included left ankle sprain/strain, rule out left ankle internal derangement. Physical examination to the knees on 01/12/15 revealed tenderness to palpation, and decreased and painful ranges of motion. Treatment to date has included physical therapy, left knee surgery, abdominal ultrasound, cervical/lumbar/shoulder MRIs, and medications. Patient is not working, per treater report dated 01/12/15. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." ODG-TWC, Knee & Leg (Acute & Chronic)

Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks Post-surgical: 12 visits over 12 weeks." Per physical therapy note dated 09/29/14-11/24/14, patient has attended 5 sessions. There is no discussion provided as to why the patient cannot perform land-based therapy or transition into home exercise program. There is no mention that the patient is extremely obese. The patient has a diagnosis of left ankle sprain as well, and weight reduced exercises would be indicated. However, treater has not provided reason for the request, nor provided discussion as to why weight reduced exercises are required. There are no details about the need for the use of specialized equipment, either. Furthermore, UR letter dated 02/27/15 states "patient has completed a course of PT with at least 24 postoperative PT visits." Moreover, the request for 18
sessions would exceed guideline recommendation. Therefore, this request IS NOT medically necessary.