

Case Number:	CM14-0114004		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2004
Decision Date:	12/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 12, 2004. Thus far, the applicant has been treated with the following medications: Analgesic medications; multiple left knee surgeries, including an ACL reconstruction surgery followed by knee arthroscopy and partial meniscectomy procedure on September 6, 2013; and 34 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated July 11, 2014, the claims administrator partially approved a request for 12 sessions of aquatic therapy as six sessions of the same. The applicant's attorney subsequently appealed. In a June 20, 2014 progress note, the applicant was described as having failed various conservative treatments following the most recent knee surgery, including viscosupplementation injections and Kenalog injections. A knee brace was still being utilized. The applicant exhibited 110 degrees of knee range of motion. The applicant's gait was not clearly described. The applicant was placed off of work, on total temporary disability. It was stated that the applicant might be a candidate for a total joint arthroplasty procedure. On January 23, 2014, the applicant was again placed off of work, on total temporary disability, while a knee corticosteroid injection was performed. On May 12, 2014, the attending provider again placed the applicant off of work, on total temporary disability, owing to ongoing complaints of knee pain, noting that it was unlikely that the applicant would ever return to work. The attending provider stated that the applicant developed knee pain with prolonged weightbearing activities and suggested aquatic therapy be employed. It was stated that the applicant had issues with severe knee arthritis. The applicant was again placed off of work. Both the conventional land-based physical therapy and eight sessions of aquatic therapy were endorsed via an earlier progress note dated March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 12 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy Guidelines

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as appears to be the case here in the form of the applicant's apparently progressively worsening left knee arthritis, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the number of visits should conform to that recommended in the MTUS Physical Medicine topic. The 12-session course of aquatic therapy proposed here, however, is seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that this appears to be a renewal request for aquatic therapy. The applicant did apparently receive an order to undergo eight sessions of aquatic therapy on an earlier note dated March 31, 2014. The earlier treatments, however, do not appear to have been altogether successful as the applicant remains off of work and appears to be progressively worsening from visit to visit, the attending provider has posited. The attending provider later went on to conclude that conservative treatments had failed and that the applicant should consider a total knee arthroplasty. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 972.20f, despite earlier aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.