

Case Number:	CM14-0124207		
Date Assigned:	08/08/2014	Date of Injury:	11/25/2011
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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:

This is a 62-year-old female with an 11/25/11 date of injury; the mechanism of the injury was not described. The patient underwent right knee arthroscopy with chondroplasty on 2/18/14. The patient was seen on 6/5/14 with complaints of mild, occasionally moderate right knee pain radiating down to the ankle. The pain was aggravated by prolonged standing, sitting or climbing stairs and was associated with numbness and tingling in the lower leg with prolonged sitting. The patient stated that her pain was well controlled with medications and that she started physical therapy, which was helpful. Exam findings revealed slightly antalgic gait, tenderness to palpation of the popliteal fossa and infra-patella in the right knee. The range of motion of the right knee was: flexion: 110 degrees and extension 0 degrees. The diagnosis is right lower extremity radiculopathy and neuropathy, right knee contusion, right knee patellar chondromalacia and status post right knee arthroscopy. Treatment to date: physical therapy, acupuncture, work restrictions and medications. An adverse determination was received on 7/25/14 given that the records indicated that the patient was ambulatory without the use of assistive devices, which indicated no need for reduced weight bearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool / Aquatic therapy 2x6 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The progress notes indicated that the patient attempted physical therapy and was ambulating without a cane. The patient's weight was not provided. There is no clear rationale with regards to the necessity for non-weight bearing therapy. Therefore, the request for Pool / Aquatic therapy 2x6 right knee is not medically necessary.