

Case Number:	CM14-0145470		
Date Assigned:	09/12/2014	Date of Injury:	06/19/2013
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 48 year old male who sustained an industrial injury on 6/19/2013. He tripped and fell over a 2 times 4, landing on his right knee and wrist. He was diagnosed with right knee sprain. He underwent right knee arthroscopy for lateral meniscus tear on 9/13/2013. Postoperative care has included 20 sessions of physical therapy (PT), medications, and TTD status. Treatment of the wrist has included medications and 10 PT sessions. He has not returned to work. According to a physical medicine and rehabilitation (PM&R) new patient evaluation dated 7/28/2014, the patient's primary complaint is right leg and knee pains. He feels burning and swelling with walking. He notes bilateral knee swelling when active. He also has intermittent low back pain with walking and standing. He also has right wrist pain with activities, notes swelling and paresthesias dorsally and cramping up the forearm. He wears a wrist brace. He notes no improvement since the injury. Physical examination documents pain with lumbar range of motion (ROM) at end ranges, negative straight leg raise (SLR), right wrist swelling, tenderness and restricted ROM with pain and positive Finkelstein's test. The knees have tenderness and normal ROM. At the right knee there is 1+ effusion and positive ballotment, Apply's distraction, and bounce tests. He is neurologically intact. There is pitting type pedal edema of both lower limbs extending up to ankles that is painful. Diagnoses are right sprain meniscus tear; division of joint capsule, ligament or cartilage of right wrist; contusion of right wrist; DeQuervain's tenosynovitis; psych disturbance due to orthopedic conditions; Low back pain; and sprain of knee and leg NOS (left). He is prescribed Ultracet and Cymbalta. Treatment recommendations include aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Right Knee 2 times 4: 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 Physical medicine; Aquatic therapy Page(s): 98-99, 22.

Decision rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, 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 extreme obesity. The patient is more than one year post date of injury and right knee arthroscopy. He has attended physical therapy however there is not documentation regarding the patient's attendance and response to previous therapy. Based on the physical examination, he should be able to tolerate land-based activities. At this juncture, the patient should be able to tolerate land-based activities within a self-directed home exercise program, of which he should be very well-versed to perform at this point. Based on the referenced guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.