

Case Number:	CM14-0147136		
Date Assigned:	09/15/2014	Date of Injury:	04/24/1997
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family 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 57-year-old female who reported an industrial injury to the knees on 4/24/2014, over 17 years ago, attributed to the performance of her usual and customary job tasks. The patient complains of bilateral knee pain due to OA of the knees. The patient is s/p left knee arthroscopy one year ago. The patient has received corticosteroid and Supartz injections to the left knee. The objective findings on examination included FROM and no effusion. The diagnosis was bilateral OA of the knees. The treatment plan included aquatic therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy for the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back section--PT; knee section--PT; American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114; chapter 9 page 203-04; Chapter 12 pages 299-300

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. There is no rationale to support unspecified number of sessions aquatic PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care one (1) year after the date of surgery for arthroscopy of the left knee with post-operative rehabilitation therapy. There were no documented objective findings to support the medical necessity of aquatic therapy directed to the left knee over the recommended HEP. The patient is documented to be able to perform land-based exercises, as there is no objective finding to preclude the patient from performing exercises in a self-directed home exercise program. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommend a total of twelve (12) sessions over 12 weeks for the rehabilitation of the knee s/p arthroscopic surgical intervention with integration into a self-directed home exercise program. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM, but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the knee pain one (1) year status post date of knee arthroscopic surgery. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the knee in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the post-operative knee. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. There is no demonstrated medical necessity for the requested unspecified number sessions of aquatic therapy directed to the left knee. The request is not medically necessary.