

Case Number:	CM14-0161464		
Date Assigned:	10/06/2014	Date of Injury:	02/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopaedic Surgery 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 55-year-old female phlebotomist sustained an industrial injury on 2/4/13. Injury occurred while descending 11 flights of stairs during a fire drill. Past surgical history was positive for a right knee medial and lateral meniscectomy and debridement on 9/13/13. The patient underwent left knee arthroscopy with partial medial and lateral meniscectomy, tricompartmental synovectomy, chondroplasty of the medial femoral condyle and patella, and chondroplasty with slight shaving on 3/27/14. The 9/3/14 treating physician progress report indicated that patient walks to gain strength for 10 to 15 minutes with 2 breaks. She continued to complain of sharp, shooting pain in both knees, left worse than right. Physical exam documented body mass index 36.4, slow antalgic gait favoring left lower extremity with a cane and severe medial quadriceps spasms. Left knee range of motion was limited to 0-100 degrees active motion with grimacing pain. Left resistive quadriceps strength was 3+/5. Right knee extension was significantly limited with 2/5 quadriceps strength. There was arthrofibrosis of the right knee, severe adhesions at the posterior knee, and right knee contracture. There was right quadriceps atrophy and audible crepitus. The patient had made slow progress with aqua therapy, and pain decreased from 7/10 to 6/10. Additional, aqua therapy was recommended to improve range of motion and transition to a home exercise program. The patient was unable to tolerate land therapy. The treatment plan recommended continued use of Dynasplint, continued home therapy, chair yoga for medial quadriceps strengthening, weight loss, and swimming as aerobic exercise. The patient was off work. The 9/10/14 utilization review denied the request for additional aqua therapy as the patient had completed at least 20 sessions and should have transitioned to an independent water/pool exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued aquatic therapy 2 times 8 QTY: 32 post-op visits total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy/chondroplasty suggest a general course of 12 post-operative physical medicine visits over 10 to 12 weeks, during the 4 to 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The type of physical medicine treatment is at the discretion of the surgeon. In general, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. Records indicated that this patient completed 24 post-op visits with a minimal reduction in pain grades, mild increase in range of motion, and mild improvement in left knee strength. There is no compelling reason to support the medical necessity of additional supervised aquatic therapy over independent water-based exercise. Therefore, this request is not medically necessary.