MAXIMUS Federal Services

Case Number:	CM14-0160920		
Date Assigned:	10/06/2014	Date of Injury:	06/21/2009
Decision Date:	05/01/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is 47 year old who sustained an industrial injury on 06/21/2009. Complaints at the time of injury and the mechanism of injury are not documented. Treatment to date included physical therapy. Prior surgeries included a left knee arthroscopy for meniscus repair and two subsequent surgeries for scar tissue removal and lateral release of left knee. The injured worker complained of chronic upper, mid and low back pain. Diagnosis was left knee pain (taken from physical therapy note). He presented for follow up on 08/26/2014. The provider documents the sessions have been beneficial for him but pain persists. "His therapist feels that he needs more therapy to work on a strengthening program and thinks that a water exercise program to decrease the load on his knee would be beneficial for him." The provider requested authorization for twice a week for 6 weeks for a pool exercise program. Physical exam noted the injured worker had good motion of the knee. There was mild patellofemoral crepitation and slight tenderness with no swelling and no instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6, left knee with pool: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: MTUS recommends aquatic therapy as an optional form of therapy as an alternative to land-based therapy. The physical therapy and physician notes in this case document a plateau in land-based therapy for the knee, with the hope that additional progress can be made in strengthening the knee in an unloaded aquatic environment. This clinical rationale is consistent with MTUS guidelines. Thus the request is medically necessary.