

Case Number:	CM15-0008206		
Date Assigned:	01/26/2015	Date of Injury:	05/31/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona
 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 a 49-year-old male who reported an injury on 05/31/2012. The mechanism of injury was unspecified. diagnoses include probable right knee lateral meniscus tear and medial meniscus with osteoarthritis of the lateral compartment, lumbar sprain/strain and herniated nucleus pulposus, morbid obesity, anxiety, insomnia, chronic anemia, uncontrolled hypertension, and status post arthroscopic total lateral meniscectomy and partial medial meniscectomy. On 12/16/2014, the injured worker complained of moderate low back pain and mild right knee pain. The physical examination of the right knee revealed synovitis at 2/4 and effusion 1/4. Range of motion of the right knee was indicated to be 0 degrees with extension and 95 degrees with flexion. The injured worker was also indicated to be negative in all ligament and capsule tests. Relevant medications included Norco 10/325 mg, Prilosec 20 mg, and Naprosyn 550 mg. The treatment plan included additional physical therapy for the right knee, bicycle for 20 minutes on odd days and pool therapy on even days. The rationale included an agreement for the injured worker to lose 5 pounds per week for a total of 30 pounds. The Request for Authorization Form was not submitted. His past treatments included a cane, crutches, physical therapy, aquatic therapy, medications, and a continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right knee, three times weekly for six weeks (eighteen sessions total): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Additional physical therapy for the right knee, three times weekly for six weeks (eighteen sessions total) is not medically necessary. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks in order to promote functional improvement. Guidelines also state injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker was noted to have had 22 physical therapy sessions to date. However, there was a lack of documentation in regard to objective functional improvement with the previous sessions completed. Also, there was a lack of documentation in regards to neurological deficits such as range of motion for review. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, the request as submitted exceeds the number of sessions recommended by the guidelines. As such, the request is not medically necessary.

Additional pool therapy for the right knee, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Additional pool therapy for the right knee, twice weekly for six weeks is not medically necessary. According to the California MTUS Guidelines, Aquatic therapy Recommended as an optional form of exercise therapy, where available, as 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 guidelines also state, water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia. The injured worker was noted to have had 22 physical therapy sessions to date. However, there was a lack of documentation in regards to objective functional improvement. In addition, the request as submitted exceeds the number of sessions recommended by the guidelines. As such, the request is not medically necessary.