

Case Number:	CM15-0106747		
Date Assigned:	06/11/2015	Date of Injury:	01/22/1991
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male with an industrial injury dated 01/22/1991. His diagnoses included lumbar spine pain secondary to compensatory factors, left knee new large lateral meniscal tear and status post left knee arthroscopy and debridement of meniscus. Prior treatment included arthroscopy of the left knee, physical therapy and diagnostics. He presents on 04/24/2015 with complaints of left knee pain which he states has remained unchanged since last month. He also complains of some weakness and pain around the whole knee. He is working unrestricted. Physical examination of the left knee revealed slight decreased range of motion with tenderness to the medial and lateral joint line. Neurological status was intact. The injured worker was not taking any oral medications. The treatment plan included Flurbiprofen/Lidocaine cream and a short course of aquatic therapy to the left knee to transition to home exercise program. Notes indicate that the patient has completed 32 postoperative therapy sessions. A progress report dated April 18, 2015 indicates physical examination findings of slightly decreased range of motion with slightly decreased strength. The treatment request is for 8 aquatic therapy sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy sessions to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. The patient has previously been able to handle land-based therapy, and strength gains would be more readily achieved with land-based physical therapy. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.