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| Case Number: | CM15-0172284 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 03/26/2014 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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: Massachusetts

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 42 year old female, who sustained an industrial-work injury to the left knee on 3-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for left knee medial meniscal tear status post left knee surgery. Medical records dated (2-17-15 to 7-20-15) indicate that the injured worker complains of persistent left knee pain, knee stiffness and tenderness at times status post left knee arthroscopy dated May 2015. The medical records also indicate worsening of the activities of daily living due to persistent chronic pain. Per the treating physician report dated 7-20-15 the employee has not returned to work. The physical exam dated from (2-17-15 to 7-20-15) reveals left knee swelling at times. The left knee range of motion is 0-130 degrees with pain at end range of flexion. There is range of motion problems and tenderness over the patellar facets and positive joint line tenderness. The injured worker is noted to be obese and ambulates with use of a cane. Treatment to date has included pain medication, activity modifications, diagnostics, left knee arthroscopy on 2-5-15, physical therapy at least 30 sessions, and other modalities. Magnetic resonance imaging (MRI) of the left knee dated 4-20-15 reveals small to moderate size joint effusion. The original Utilization review dated 8-10-15 denied a request for Additional 12 sessions of aqua therapy for left knee as the requested 12 sessions of aquatic therapy exceed The MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of aqua therapy for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in March 2014 and underwent left knee arthroscopic surgery in February 2015 with a synovectomy and chondroplasty. Treatments have included postoperative physical therapy beginning on 03/03/15 with completion of 11 treatments as of 04/13/15. In July 2015 there had been a 25 pound weight gain since injury and her BMI was over 35. When seen, there was joint line tenderness. She was ambulating with a cane. There was full range of motion. Authorization is being requested for 12 sessions of aquatic therapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, the claimant has already had post-operative physical therapy. The number of additional visits requested is in excess of that recommended. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.