

Case Number:	CM15-0024234		
Date Assigned:	02/13/2015	Date of Injury:	05/11/2010
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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 63 year old female who sustained an industrial injury on 05/11/2010. Current diagnoses include torn lateral meniscus, chondromalacia patella, and chondral fracture and defect of the medial femoral condyle in the right knee, status post right knee arthroscopy (05/09/2012) followed by arthroscopic partial lateral meniscectomy, chondroplasty of the patella, chondroplasty of the medial femoral condyle in the right knee, medial tracking of patella out of the trochlear groove, and status post left knee meniscus surgery. Previous treatments included medication management, right knee surgery x2, left knee surgery, knee brace, previous aqua therapy, acupuncture, and physical therapy. Report dated 01/07/2015 noted that the injured worker presented with complaints that included bilateral knee pain with numbness and tingling in her right knee and lateral thigh. The progress report identifies tenderness in bilateral knees with positive crepitus and limited range of motion. The treatment plan states that "aquatic therapy has helped relieve her symptoms in the past for other injuries. As the patient is overweight, which contributes to her knee pain, and land-based physical therapy has not proven helpful, I would like to once again re-request authorization for the patient to undergo a course of aquatic therapy twice a week for 4 weeks." Utilization review performed on 01/28/2015 non-certified a prescription for aqua therapy 2 x per week for 4 weeks right knee, based on the clinical information submitted there was no evidence of significant obesity or body habitus issues to substantiate the necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right knee, twice weekly for four weeks: Upheld

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

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. Guidelines recommend a 6 visit trial. If the trial results in objective functional improvement, then additional therapy visits may be considered. Within the documentation available for review, it is unclear whether the patient has undergone aquatic therapy specifically for this body part. If the patient has not undergone aquatic therapy previously, a 6-visit trial may be indicated. Unfortunately, guidelines do not support 8 initial visits of therapy, as requested here. If the patient has undergone aquatic therapy for this body part previously, there is no documentation of sustained objective functional improvement as a result of those therapy sessions. 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.