
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/13/2013
Date of Injury: 5/12/2007
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0014809

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

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HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 63-year-old female with a reported date of injury of 05/12/2007. Mechanism of injury is described as a slip and fall. An MRI of the left knee was obtained on 04/16/2012, revealing a strain of the ACL, mild Chondromalacia, and an oblique tear of the posterior horn to the medial meniscus. Initial orthopedic evaluation found strength to be 5/5 in the lower extremities, and she had some pain with flexion and internal rotation of the hip. Left knee exam revealed range of motion to be 0 degrees to 130 degrees and pain with hyperextension, and she had a positive Lachman's and negative anterior drawer. On 03/04/2013, she returned to clinic with continued pain to the right hip and right knee that had largely disappeared, and she had reported right shoulder pain that had decreased. The knee was stable to varus and valgus stress and she had full range of motion of the right hip and right knee without pain. She was to start physical therapy for her knee and shoulder at that time. MRI of the left knee after that revealed fissuring of the cartilage along the medial ridge and moderate sized popliteal cyst. MRI of the right knee revealed (1) a possible lateral anterior horn tiny inner edge vertical tear with a lateral patellar facet partial thickness cartilage laceration; (2) there was also a small medial popliteal cyst. On 09/20/2013, she returned to clinic for bilateral knee complaints. She had active range of motion of 0 degrees to 135 degrees in both knees and this was active and passive pain-free range of motion. Strength was considered normal to the bilateral lower extremities. Diagnosis includes synovial cyst to the popliteal space. Treatment plan was to recommend aquatic therapy 2 times a week for 6 weeks to the bilateral knees.

IMR DECISION(S) AND RATIONALE(S)

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

1. Aquatic therapy two times a week for six weeks to bilateral knees is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, pg. 22, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, physical medicine, pgs. 22, 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale: MTUS Chronic Pain Guidelines indicate that aquatic therapy is "recommended as an optional form of physical therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity so it is recommended where reduced weight-bearing is desirable, for example with extreme obesity." Additionally, MTUS/ACOEM guidelines indicate that physical medicine, including physical therapy, can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. Active therapy is recommended versus passive therapy. For myalgia and myositis, unspecified, and for neuralgia, neuritis, and radiculitis, 8 visits to 10 visits over 4 weeks is considered reasonable and necessary, with fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine exercises. This request is for 2 times a week times 6 weeks. The medical records provided for review indicates that the employee has already had physical therapy, but the exact number of visits, modalities and body parts treated was not objectively documented. The submitted medical records indicate that the employee has active pain-free range of motion of both knees that is symmetrical and no strength deficits noted. The rationale for providing therapy has not been provided for this review as there are no strength deficits and no range of motion deficits for which physical therapy or aquatic therapy would be beneficial. **The request for aquatic therapy two times a week for six weeks to bilateral knees is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0014809