

Case Number:	CM14-0009599		
Date Assigned:	02/28/2014	Date of Injury:	03/07/2011
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 48-year-old-male who has submitted a claim for lumbar spine disc herniation, lumbar radiculopathy, musculoligamentous injury s/p (status post) partial medial meniscectomy of right knee, and s/p (status post) left knee arthroscopic surgery associated with an industrial injury date of 3/7/2011. Medical records from 2012-2013 were reviewed which showed constant low back pain graded 6-9/10. Aggravating factors were sitting, standing, walking and getting up from a seated position. Bilateral knee pain was graded 6-9/10. Pain was noted to be worse with standing and walking. He described the pain as sharp with a stabbing sensation which starts to his lumbar area then radiates down to his knees. Cold weather intensifies the pain. He also has disturbed sleep due to pain. Physical examination revealed decrease range of motion in bilateral knees. Lasegue, Straight leg raise, Eli and McMurrays test were all positive. Knees were stable to varus and valgus stress. Tenderness was noted over the medial jointline and over the medial patellar facet with significant crepitation of patellofemoral joint. Lumbar spine examination revealed normal range of motion in all planes. Moderate facet tenderness was noted. Piriformis, Fabere/Patrick, Sacroiliac Thrust and Yeomans tests were negative. Treatment to date has included, physical therapy sessions with a total of 12 visits, left knee arthroscopic surgery done on 7/23/13 and partial medial meniscectomy of right knee. Medications taken were Norco 10/325mg, Percocet and Flexeril. Utilization review from 1/13/2014 denied the requests for aqua therapy 2 times a week for 4 weeks (2x4) visits to bilateral knees and bilateral knee brace. Aquatic pool therapy was denied because patient was able to perform land-based exercise. Bilateral knee brace was denied because patient did not demonstrate instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X4 VISITS TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Chapter, page 22. MTUS ACOEM, Chapter 12, pages 299, 301, and 309, and the Non-MTUS Citation: Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Therapy Section, Page(s): 22.

Decision rationale: According to the Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity or fractures of the lower extremity. In this case, patient had a total of 12 physical therapy sessions after his left knee arthroscopic surgery. However, progress note dated 11/15/2013 mentioned that patient continues to have bilateral knee pain graded 6-9/10. In addition, patient's records revealed that his height was 5'10" with weight of 235 lbs. Body mass index of the patient was 33.7, which does not fall in extreme obesity category. There is no indication why the patient could not participate in a land-based physical therapy program at present. Therefore, the request for aqua therapy 2 times a week for 4 weeks (2x4) visits to the bilateral knee is not medically necessary.

BILATERAL KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, Chapter 13 , page 340, and the Non-MTUS Citation: Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, Knee Brace

Decision rationale: The Official Disability Guidelines states that knee braces are recommended in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Prefabricated knee braces may be appropriate in patients with knee instability. In this case, patient did not indicate active participation in a rehabilitation program, or any indication that the patient will be significantly stressing the knee under load. Furthermore, patient's physical examination revealed stability in varus and valgus stress. Therefore, the request for bilateral knee brace is not medically necessary.