

<b>Case Number:</b>	CM14-0106396		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/18/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The records, presented for review, indicate that this 53-year-old female was reportedly injured on May 18, 2008. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of anterior knee pain. The physical examination demonstrated no swelling or a fusion. Range of motion was from 0 to 140 with some retro-patellar pain. There was pain with patellar compression. There was decreased left sided quadriceps strength at 3+/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included knee surgery, which included an autologous chondrocyte implant, physical therapy, and oral medications. A request had been made for aquatic therapy twice a week for six weeks and Kukua topical cream was not certified in the pre-authorization process on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy with pool 2 times a week for 6 weeks.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Knee and Leg: PT.

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

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records fails to document why the injured employee is unable to continue land-based physical therapy or transition to a home exercise program. As such, this request for physical therapy with a pool two times a week for six weeks is not medically necessary.

**Kukua topical cream.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Kukua Cream is made from nut extracts and also a blend of cucumber, arnica extracts, tropical oils, and shea and cocoa butters. There is no medical indication related to the injured employee's knee pain for the use of this cream. As such, this request for kukua topical cream is not medically necessary.