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| Case Number: | CM14-0014924 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 11/29/2012 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, and mid back pain reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, earlier knee arthroscopy in October 2013, transfer of care to and from various providers in various specialties, topical drugs and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy. The claims administrator stated there was no evidence of significant obesity or alteration in body habitus which would support the patient request for aquatic therapy. A variety of California MTUS and non-MTUS Guidelines were cited. The claims administrator wrote in his clinical summary that the applicant's gait was antalgic and slow. The applicant's attorney subsequently appealed. A January 16, 2014 progress note was notable for comments that the applicant reported 8-9/10 lower extremity pain. The applicant's pain was heightened with standing and walking, it was stated. The applicant exhibited a slow and antalgic gait requiring usage of a cane. The applicant was using Soma, Ativan, and Norco, it was stated. Several medications were refilled. Aquatic therapy was sought. In an earlier note of January 8, 2014, the applicant was placed off of work, on total temporary disability. Multiple notes interspersed throughout the life of the claim were notable for comments that the applicant seemingly remained off of work, on total temporary disability, for fairly extensive periods of time. The applicant's report of October 1, 2013 was notable for comments that the applicant underwent a partial lateral meniscectomy, chondroplasty, and resection of extensive scar tissue. The applicant's case and care were also complicated by tobacco abuse and atrial fibrillation, it was further suggested. The remainder of

the file was surveyed. There was no specific evidence that the applicant had in fact received aquatic therapy at an earlier point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT KNEE:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines.

Decision rationale: As noted on page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, the applicant does have significant gait deficits, contrary to what was suggested by the claims administrator. The applicant was using a cane to move about as of January 2014. It did not appear that the applicant had responded favorably to conventional land-based physical therapy. It is incidentally noted that while this may result in treatment beyond the 12-session course recommended in California MTUS 9792.24.3 following the meniscectomy surgery which reportedly transpired here, in this case, the applicant is apparently having issues with delayed recovery. The applicant has a variety of comorbidities, including tobacco consumption, multifocal pain complaints, elbow pain complaints, opioid dependence, atrial fibrillation, low back pain, etc., which will likely require treatment beyond that endorsed in section 9792.24.3 following the meniscectomy procedure which transpired on October 1, 2013. Therefore, the request is medically necessary, for all of the stated reasons.