

Case Number:	CM14-0110390		
Date Assigned:	08/01/2014	Date of Injury:	07/25/2011
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 injured worker is a 56-year-old female who reported an injury on 07/25/2011 while working for the school district as a clerk, she injured her left knee. The injured worker had a history of pain to her left knee with a diagnosis of chronic left knee pain with degenerative joint disease. The past treatments included steroid injection to the bilateral knee. The Past surgical procedures included a left knee arthroscopy dated 04/07/2014. The medications included Nortriane, Triamterme, Kloricon, Zolof, Tizanidine, Lorazepam, Tramadol, Nucynta, Lidoderm, Oxymorphone, morphine, Keflex, and Doxepin. The injured worker reported her left knee pain an 8/10, and her right knee pain an 9/10, using the VAS (Visual Analog Scale). The Treatment plan was for physical therapy and whirlpool therapy was advised by the neurosurgeon. The request for authorization form dated 08/01/2014 was submitted with documentation. The rationale was to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-98.

Decision rationale: The request for Physical therapy 2-3 times weekly for 6 weeks to the lumbar spine is non-certified. The California MTUS indicate that passive therapy that can provide a 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. They can be used sparingly with active therapies to help control the swelling, the pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Active range of motion requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, or tactical instructions. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvements levels. The home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in chronic regional pain syndrome. The physical medicine guidelines indicate myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. Per the documentation provided, the injured worker complained of left knee pain and the examination centered on the knee complaint. Per the documentation provided the injured worker has had physical therapy and stated that it did nothing for her and documentation also indicated that the physical therapy failed. Per the clinical notes, no special circumstances warrant additional physical therapy. As such the request for eighteen (18) Physical therapy sessions to the lumbar spine is not medically necessary and appropriate.

Twelve (12) Aquatic therapy sessions to the lumbar spine: Upheld

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.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits. Water exercise have improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. Per the documentation provided, the injured worker complained of left knee pain and the examination centered on the knee complaint. Per the documentation provided the injured worker has had physical therapy and stated that it did nothing for her and documentation also indicated that the physical therapy failed. Per the clinical notes, no special circumstances warrant additional physical therapy. As such, the request for twelve (12) Aquatic therapy sessions to the lumbar spine is not medically necessary and appropriate.

