

Case Number:	CM14-0166294		
Date Assigned:	10/13/2014	Date of Injury:	03/14/2014
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 shoulder and knee pain reportedly associated with an industrial injury of March 14, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for 12 sessions of physical therapy. Somewhat incongruously, the claims administrator then wrote at the bottom of its report that it was recommended that the applicant be provided one to two sessions of physical therapy for education, counseling, and evaluation of home exercise transition purposes. The claims administrator invoked a variety of non-MTUS guidelines in its denial, including non-MTUS 2007 ACOEM Guidelines, which is seemingly mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported ongoing complaints of shoulder and knee pain. The applicant was doing modified duty work at a homeless shelter. It was stated that the applicant's employer would take him back to work once an alternate position was found for him. The applicant did have complaints of knee pain with locking and clicking. The applicant's gait was described as antalgic. The applicant was given a diagnosis of osteoarthritis of multiple sites, including the hip and knees. In a September 5, 2014 progress note, the applicant was returned to work with a 20-pound lifting limitation. The applicant did have issues with stiffness about the neck, back, shoulders, and knees. The applicant apparently exhibited an antalgic gait secondary to knee arthritis. On August 13, 2014, the applicant was placed off of work, on total temporary disability. The applicant's gait was not described on this occasion. Multifocal knee and shoulder pain were noted. A paraffin bath unit, a TENS unit, Mobic, and Menthoderm gel were endorsed. A gym

membership with pool access was also sought. The attending provider posited that the applicant's arthritis would inevitably deteriorate over time. In a September 23, 2014 letter, twelve sessions of physical therapy were sought on the grounds that a gym membership had been denied. The note was difficult to follow. In an applicant questionnaire dated August 28, 2014, the applicant stated that he was not working as of that point in time. In a September 26, 2014 medical-legal evaluation, the medical-legal evaluator apparently conducted a comprehensive survey of the records. The applicant was described as having a normal gait with an unremarkable knee exam on this occasion. It was stated that the applicant would be able to perform his normal activities and would not be considered a qualified injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the bilateral shoulders and knees, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, 78, Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there is no evidence that reduced weight bearing was specifically desirable here. The attending provider's reporting of the applicant's gait was, at best, incongruous and/or sparse. In the medical-legal evaluation dated September 26, 2014, the applicant was described as having a normal gait and having returned to regular duty work. It is further noted that 12-session course of therapy proposed here does, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. No rationale for treatment in excess of the MTUS parameters was proffered by the attending provider. Furthermore, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue self-directed home physical medicine as an extension of the treatment process. In this case, all evidence on file points to the applicant's having a normal to normalizing gait and having already returned to regular duty work as of the date of the September 2014 medical-legal evaluation, referenced above, effectively obviating the need for the formal 12-session course of aquatic therapy proposed here. Therefore, the request is not medically necessary.