

Case Number:	CM14-0036824		
Date Assigned:	06/25/2014	Date of Injury:	01/19/2012
Decision Date:	08/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 patient is a 57-year-old male with a date of injury of 01/19/2012. Per treating physician's report 01/28/2014, the patient denies any back pain, but complains of severe weakness in the lower extremity, decreased sensation in the lower extremity, and difficulty to walk. The patient also has bilateral knee pain. Objective findings of the right knee showed point tenderness over the medial prepatellar area. Overall, both knees are stiff. Sensation grossly intact. This report is handwritten and it also states, "The patient states that he is not taking any medication due to liver damage." Listed diagnoses are L/S HNP, DM, left hip OA, status post bilateral knee surgery, bilateral knee ID. Under treatment plan, there is a check mark next to aqua therapy 2x4. A 01/13/2014 report is by another physician, [REDACTED]. The patient presents with bilateral lower extremity pain, low back pain, bilateral knee pains, status post several arthroscopies, 3 on the left, 2 on the right with continued dysfunction and previously indicated that the patient was a candidate for bilateral knee arthroplasty. Authorization was requested for left L3-L4 and L4-L5 microdecompression which was denied. The patient was to return in 8 weeks for continued conservative monitoring. A 12/17/2013 report is also handwritten and does not prescribe patient's treatment history and treatment plan was for spine surgery for evaluation. Included in the file are a couple of computerized physical performance evaluation from dates 12/03/2013 and 01/14/2014. A December 2013 report by [REDACTED] is also reviewed, but this does not discuss any treatment history, but states that authorization is requested for microdecompression, receiving notice that the lumbar spine is not an accepted body part, and also patient is a candidate for bilateral knee total knee arthroplasty. Work restriction medications will be deferred to his primary treating physician and recommendation was that the patient be provided with the trial of gabapentin for his neuropathic pain and paresthesia. The patient is avoiding opiate medications due to concerns over potential liver issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: This patient presents with chronic bilateral knee pain with multiple arthroscopic surgeries in both knees. The patient is outside of the postoperative therapy treatment timeframe as the patient has had multiple surgeries of the bilateral knees a while ago. The exact dates of the surgeries are not provided in any of the reports reviewed. The current request is for aqua therapy 2 times a week for 4 weeks. Review of the reports show that there is a check mark next to the request on progress report 01/28/2014. There are no discussions regarding treatment history, rationale for the requested aqua therapy, no discussions regarding treatment goals. MTUS Guidelines recommend aqua therapy for patients that require decreased weight bearing exercise such as in extreme obesity. No extreme obesity is documented in this patient. No discussion regarding treatment history to determine how much therapy treatments this patient has had in the past. MTUS Guidelines allow 9 to 10 sessions of physical therapy treatments for myalgia and myositis type of condition. In this case, the treater does not provide adequate information to determine whether or not additional physical therapy or aqua therapy is indicated. The MTUS Guidelines page 8 states that the physician should provide monitoring of the patient and make appropriate recommendations. In this case, there is lack of monitoring of how much therapy this patient has had and also rationale for additional therapy and whether or not additional therapy is going to do anything for this patient. Recommendation is for denial.