

Case Number:	CM14-0057676		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2005
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 52 year-old male who reported an injury on 07/05/2005 caused by an unspecified mechanism. The injured worker had undergone a right knee arthroscopic surgery with an undocumented date of the surgery. On 03/21/2014, the injured worker complained of continued bilateral knee pain, left greater than right. It was reported that the pain was described as sharp, stabbing, and intermittent. The pain level was noted at 6-7/10. Physical examination of the bilateral knees revealed the injured worker had a left knee brace and had full range of motion; however, there was increased pain with knee extension. There was tenderness to palpation along the middle aspect of his bilateral kneecaps. It was noted the injured worker had neuropathic pain with numbness and tingling and the pain was worst at night. The medications included Nortriptyline 25mg, Diclofenac and Tramadol. The diagnoses include neuropathic pain, cervical radicular pain and knee pain. It was noted the injured worker had prior physical therapy and acupuncture sessions that did not make his pain better. There was no documentation of a home exercise regimen. The treatment plan included for a decision on a functional restoration program and 18 physical therapy visits with aquatic therapy. The rationale was not provided. The request for authorization was submitted on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function Restoration, Chronic Pain Management Page(s): 7 and 30-31.

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) state that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility (locus of control) for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement. It also states multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal oriented, functional restoration approach. The diagnoses include neuropathic pain, cervical radicular pain and knee pain. It was noted the injured worker had prior physical therapy and acupuncture sessions that did not make his pain better. There was lack of documentation the injured worker received conservative care such as pain medication management. In addition, the request did not specify frequency or duration. Given the above, the request for functional restoration is not medically necessary.

PT With Aquatic Therapy X18 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend aqua therapy 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 especially recommended where reduced weight bearing is desirable; for example, extreme obesity. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The diagnoses include neuropathic pain, cervical radicular pain and knee pain. It was noted the injured worker had prior physical therapy and acupuncture sessions that did not make his pain better. There was lack of documentation the injured worker received conservative care such as pain medication management. The California Post-Surgical Treatment Guidelines recommends 24 sessions of therapy in 10 weeks with post-surgical physical medicine of 4 months for a post status left knee arthroscopic surgery. The request did not indicate what location of the body the pool therapy is needed for. Therefore the request for 18 physical therapy visits with aquatic therapy is not medically necessary.

