

Case Number:	CM14-0078905		
Date Assigned:	07/18/2014	Date of Injury:	05/17/2012
Decision Date:	10/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 Nevada. 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 records, presented for review, indicate that this 33-year-old gentleman was reportedly injured on May 17, 2012. The mechanism of injury was stated to be a fall off of a ladder. The most recent progress note, dated July 8, 2014, indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated tenderness at the medial and lateral joint line of the right knee with mild swelling. There was bilateral decreased range of motion. Diagnostic imaging studies of the right knee showed a 3 mm articular surface defect. An MRI of the left knee revealed interval tearing of the anterior horn of the lateral meniscus, chondromalacia of the patella, and an ACL repair. Previous treatment included a left knee arthroscopy performed on October 31, 2013, physical therapy, and home exercise. A request had been made for 12 sessions of aquatic therapy and Norco 10/325 and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy Sessions: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, 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. According to the attached medical record, the injured employee has participated in land-based postoperative physical therapy for the left knee. There was not stated to be any improvement with this therapy; however, the injured employee was capable of participating. As such, this request for aquatic therapy is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic, Norco: Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has knee pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current medication regimen. As such, this request for Norco 10/325 is not considered medically necessary.