

Case Number:	CM14-0193478		
Date Assigned:	12/01/2014	Date of Injury:	06/28/2013
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 knee pain reportedly associated with an industrial injury of June 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; corticosteroid injection therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for unspecified amounts of aquatic therapy. The claims administrator stated that its decision was based on an October 8, 2014 RFA form and associated progress note dated October 3, 2014. The claims administrator calculated that the applicant's BMI as 56. The claims administrator stated that its denial was based on the imprecise nature of the request. The applicant was reportedly using Prozac and Motrin. The claims administrator also stated that the attending provider had failed to document the applicant's response to earlier arthritis. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported ongoing complaints of knee pain, locking, and clicking. The applicant was a school secretary, it was stated, although it was not clear whether the applicant was or was not working. The applicant was given a primary diagnosis of severe arthritis of the left knee, exacerbated by the industrial fall. Corticosteroid injection therapy was suggested. The applicant was asked to try and lose weight as she was reportedly a poor candidate for knee surgery owing to her obesity. In a July 11, 2014 progress note, it was stated that the applicant was currently off of work owing to the school year's having ended but stated that the applicant was working full duty during the school year. The applicant was asked to employ pool therapy and weight loss. It was again stated that the applicant was a poor candidate for total knee arthroplasty owing to her severe obesity. On August 26, 2014, the applicant was, once again, returned to regular duty work. Highly variable 3-9/10 knee pain was appreciated. The applicant weighed 330 pounds, it

was stated on this date. The applicant was using Prozac and Motrin for pain relief. The applicant did exhibit an antalgic gait. Ultrasound-guided viscosupplementation injection therapy, a gym membership, and aquatic therapy were sought. The applicant was again asked to try and lose weight. The attending provider reiterated that the applicant was not a good candidate for total knee replacement owing to her severe obesity. The applicant was, however, returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic physical therapy, unspecified frequency and duration, for the left knee:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/7/14) Physical Medicine treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, 83, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work, despite ongoing issues with knee pain and associated obesity. It is not clear why the applicant cannot similarly transition to a self-directed exercise program, either land-based or pool-based. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, the request for additional physical therapy in unspecified amounts does not, by definition, clearly state or outline treatment goals, treatment duration, or treatment quantity. Therefore, the request is not medically necessary.