

Case Number:	CM14-0195238		
Date Assigned:	12/02/2014	Date of Injury:	03/14/1995
Decision Date:	01/20/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/21/2014

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 knee and hip pain reportedly associated with an industrial injury of March 14, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; an earlier total knee replacement procedure; a knee brace; 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 November 15, 2014, the claims administrator failed to approve a request for eight sessions of aquatic therapy and also failed to approve a request for Celebrex. The claims administrator stated that its decision was based on a November 5, 2014 progress note. The claims administrator posited that the applicant could in fact attend land-based therapy and also posited that the applicant has been using Celebrex since July 29, 2014. The applicant and/or applicant's attorney subsequently appealed. In a July 29, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant had done well two years status post a total knee replacement surgery in 2007, it was acknowledged, but was not reporting stiffness and pain about the prosthesis. 90 degrees of knee range of motion was appreciated. The applicant continued working as a software test engineer, it was acknowledged. X-rays of the knee suggested that the applicant's prosthesis was in good position. Further workup to evaluate the source of the applicant's painful knee prosthesis, including nuclear medicine bone scanning was sought. A nuclear medicine bone scan of September 24, 2014 was nonspecific, but stated that prosthetic loosening was not definitely excluded. Aquatic therapy and Celebrex were sought via a November 11, 2014 RFA form. In a progress note of November 5, 2014, the applicant reported ongoing complaints of knee pain. The applicant felt that her prosthesis was malpositioned and/or malfitting. Lytic lesions were noted beneath the medial tibial compartment on x-ray imaging. The applicant was asked to employ Celebrex and pool therapy. The applicant's

gait was not clearly described, although it was suggested that the applicant was experiencing knee pain with ambulation. Work restrictions were endorsed. It did appear that the applicant was working with said limitations in place. On August 27, 2014, the applicant stated that she was tired of dealing with her knee pain and wanted to pursue replacement total knee prosthesis. In a physical therapy progress note of September 30, 2014, it was stated that the applicant had received six to eight sessions of physical therapy treatment needed between September 11, 2014 and present. The applicant was apparently using a recumbent bike and swimming 25 to 35 minutes per week. The applicant was able to ride the recumbent bike for up to 8 minutes consecutively, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aqua therapy sessions: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, the applicant has difficult standing, walking, and ambulating owing issues with painful total knee prosthesis. The applicant was described as having some flare in knee symptoms on or around the date of the request, i.e., on or around November 5, 2014. The applicant had responded favorably to earlier aquatic therapy treatment as evinced by her successful return to and maintenance of full-time work status as engineer. Continued aquatic therapy, thus, was indicated here, as it appeared that the applicant was not able to transition to self-directed home physical medicine, land-based therapy and/or land-based exercises on or around the date in question. Therefore, the request is medically necessary.

Unknown prescription of Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication section Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 such as Celebrex may be considered if an applicant has a risk of GI complications but are not recommended for the majority of applicants. In this case, there was no mention of the applicant's having any issues with GI complications, either current or historical,

on progress notes of August 27, 2014 and November 5, 2014. It is not clear why Celebrex was furnished in favor of non-selective NSAIDs such as Motrin or Naprosyn. Therefore, the request is not medically necessary.