

Case Number:	CM14-0196085		
Date Assigned:	12/04/2014	Date of Injury:	01/03/2013
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 employee who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of June 3, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve request for 12 sessions of aquatic therapy, orthopedic shoes, and a urine toxicology screen. The claims administrator stated that its decision was based on an RFA form dated October 23, 2014. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve request for 12 sessions of aquatic therapy, ordered a pair of orthopedic shoes, and urine toxicology screen. The claims administrator stated that its decision was based on an October 23, 2014 RFA form, which does not appear to have been incorporated into the IMR report. In a progress note dated September 3, 2014, the applicant reported ongoing complaints of knee and leg pain. Work restrictions were endorsed. It was not clear whether the applicant was or was not working with said limitations in place. On August 27, 2014, the applicant was given prescriptions for orphenadrine and gabapentin-paroxetine through a preprinted order form, with little to no narrative commentary. On August 27, 2014, the applicant was given viscosupplementation injection. Norflex, Neurontin-paroxetine, Prilosec-flurbiprofen, and several topical compounded medications were endorsed. The applicant was asked to obtain viscosupplementation injections. It did not appear that the applicant was working with limitations in place. On August 14, 2014, the applicant was using a cane to move about. Viscosupplementation injection under ultrasound guidance was performed. The remainder of the file was surveyed. The applicant's medication list was not consistently documented from visit to visit. The applicant did undergo a knee arthroscopy, meniscectomy, chondroplasty, partial lateral meniscectomy, patelloplasty, synovectomy, and hardware removal and manipulation under anesthesia surgery on March 25, 2014. On March 6, 2014, the applicant was given prescriptions for Opana, Norco, and several

topical compounded medications by another treating provider. On August 28, 2014, the applicant was using five to six Norco a day. The applicant was experiencing panic attacks, it was stated. The applicant was continuing Norco, Lyrica, and Voltaren. Urine drug testing was apparently performed on this date. The applicant's gait was not clearly described. On March 19, 2014, authorization was sought for a cold therapy unit, electrical stimulation unit, and CPM machine. In a September 22, 2014 physical therapy progress note, the applicant was still using a cane to move about. The applicant was reportedly apprehensive and exhibited relatively well-preserved knee range of motion with diminished strength appreciated about the injured knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, it is not altogether certain that reduced weight bearing is, in fact, desirable here. It is not clearly stated why aquatic therapy was sought in favor of land-based therapy. The applicant was previously receiving land-based therapy as recently as September 2014, it is incidentally noted. It does not appear that the October 23, 2014 RFA form on which the article in question was sought was incorporated into the Independent Medical Review packet, moreover, making it difficult to support the request for aquatic therapy in unspecified amounts. Therefore, the request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to

conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and attempt to classify applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated. In this case, the applicant seemingly received earlier drug testing in August 2014. It is not clear why repeat drug testing was being sought so soon after previously performed drug testing. Several progress notes, referenced above, did not detail the applicant's medication list. It appeared that the applicant was receiving different medications from two different providers, neither of whom documented the medications prescribed by the other provider. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not medically necessary.

Ortho Shoe: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, 370.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does support soft, supportive, and wide shoes in applicants in various diagnoses implicating the feet, including neuroma, hallux valgus, plantar fasciitis, heel spur, etc., in this case, however, it was not clearly stated what diagnosis or diagnoses were present for which the orthopedic shoes at issue were sought. The October 23, 2014 RFA did not appear to have been incorporated into the Independent Medical Review packet. The information which is on file, however, failed to shed light on the request. Therefore, the request is not medically necessary.