

Case Number:	CM15-0135273		
Date Assigned:	07/23/2015	Date of Injury:	04/13/2003
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 57-year-old female who sustained an industrial injury on 04/13/03. Initial complaints and diagnoses are not available. Treatments to date include medications and left knee surgery. Diagnostic studies are not addressed. Current complaints include continued left knee pain. Current diagnoses include knee pain, obesity, poor physical conditioning, and fibromyalgia type hypersensitivity syndrome. In a progress note dated 05/27/15, the treating provider reports the plan of care as Lyrica and Norco, as well a bilateral knee braces and x-rays of the left knee. The requested treatments include bilateral hinged knee braces and aquatic therapy for 12-16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee brace - bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, brace.

Decision rationale: The medical records report pain in the knee. There is no documentation of degeneration or knee instability. ODG guidelines support the use of brace of the knee for documented instability or osteoarthritis. As the medical records do not demonstrate such condition, the hinged knee brace is not medically necessary.

Aquatic therapy, 2-3 x a week for 12-16 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, aqua therapy.

Decision rationale: The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report, "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." Given the records do not indicate specific goals of aquatic therapy, the request is not medically necessary.