

Case Number:	CM15-0167508		
Date Assigned:	09/08/2015	Date of Injury:	12/15/2014
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55-year-old male, who sustained an industrial injury on December 15, 2014. He reported low back pain with radiation to the bilateral lower extremities, bilateral shoulder pain, bilateral knee pain and bilateral ankle pain. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis, bilateral shoulder periscapular strain, bilateral knee contusion and sprain, bilateral patellofemoral arthralgia with severe osteoarthritis and bilateral ankle sprain. Treatment to date has included diagnostic studies, exercise, physical therapy with benefit and medication. On July 30, 2015, the injured worker complained of bilateral knee and bilateral ankle pain. The pain was rated as a 3-4 on a 0-10 pain scale. His pain increased with walking, kneeling, standing and squatting. Home exercises and medications were noted to decrease the pain. The treatment plan included home exercises, aquatic therapy, bilateral medial unloader braces and a follow-up visit. A request was made for eight aquatic therapy sessions and bilateral medial unloader braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for bilateral shoulder, knee, and ankle pain and radiating low back pain. Treatments have included medications and physical therapy. When seen, there was medial joint line tenderness with positive patellar grind testing. There was patellofemoral crepitus with passive range of motion. There was lumbar tenderness with muscle spasms and decreased range of motion. There was bilateral sacroiliac joint and gluteal muscle tenderness. There was bilateral shoulder tenderness and pain with positive impingement and Cross Arm testing. There was bilateral ankle joint tenderness with hyperpronation. There was a normal neurological examination. X-ray results of the knees on 06/24/15 were reviewed with findings of severe medial compartment and patellofemoral arthritis. Authorization for aquatic therapy and bilateral unloader braces was requested. The claimant's BMI is documented as being over 44. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

One (1) bilateral medial unloader braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Unloader braces for the knee.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for bilateral shoulder, knee, and ankle pain and radiating low back pain. Treatments have included medications and physical therapy. When seen, there was medial joint line tenderness with positive patellar grind testing. There was patellofemoral crepitus with passive range of motion. There was lumbar tenderness with muscle spasms and decreased range of motion. There was bilateral sacroiliac joint and gluteal muscle tenderness. There was bilateral shoulder tenderness and pain with positive impingement and Cross Arm testing. There was bilateral ankle joint tenderness with hyperpronation. There was a normal neurological examination. X-ray results of the knees on 06/24/15 were reviewed with findings of severe medial compartment and patellofemoral arthritis. Authorization for aquatic therapy and bilateral unloader braces was requested. The claimant's BMI is documented as being over 44. An unloader brace for the knee is designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the

compressive forces on the medial compartment and shifting these to the lateral compartment. It is recommended as a treatment option. In this case, the claimant has x-ray findings of bilateral medial compartment degenerative joint disease with relative preservation of the lateral joint spaces. The requested braces are medically necessary.