

Case Number:	CM15-0182415		
Date Assigned:	09/23/2015	Date of Injury:	01/15/2013
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 5, 2013. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve request for 12 sessions of aquatic therapy for the knees. The claims administrator referenced an RFA form received on August 24, 2015 in its determination. Somewhat incongruously, the claims administrator referenced both the MTUS Postsurgical Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant was described as having undergone a knee arthroscopy on October 8, 2014, the claims administrator reported. The applicant's attorney subsequently appealed. On a handwritten note dated August 19, 2015, the applicant reported ongoing complaints of knee pain reportedly attributed to degenerative joint disease versus patellofemoral pain syndrome. The applicant exhibited crepitation about the knees. The applicant's gait was not clearly described or characterized. The applicant reported mild knee pain in the morning versus worse knee pain throughout the day. Soma, Norco, and 12 sessions of aquatic therapy plus physical therapy were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. 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 weight bearing is desirable, here, however, the handwritten August 19, 2015 progress note was difficult to follow, thinly and sparsely developed, did not clearly describe or characterize the applicant's gait, and did not clearly state why (or if) reduced weight bearing was in fact desirable here. Therefore, the request was not medically necessary.

Physical Therapy 2 times a week for 6 weeks bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represented treatment in excess of the 9-to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, as of the August 19, 2015 office visit at issue. The applicant remained dependent on opioid agents such as Soma, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.