

Case Number:	CM15-0195005		
Date Assigned:	10/08/2015	Date of Injury:	01/21/2008
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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 65-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 21, 2008. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for 18 sessions of aquatic therapy, a series of three Supartz (viscosupplementation) injections, and six sessions of physical therapy for the knee. The claims administrator referenced a July 8, 2015 office visit and an associated August 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported persistent complaints of knee pain, 6/10. The attending provider contended that earlier Supartz (viscosupplementation) injections had proven beneficial. The applicant weighed 233 pounds, it was reported. The applicant had derivative complaints of depression, it was reported. Motrin, viscosupplementation injection therapy, and physical therapy to perform a TENS unit trial were endorsed. Work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 22, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The applicant contended that earlier viscosupplementation injections had proven beneficial. The applicant reported difficulty bending and kneeling, reportedly attributed to issues with knee degenerative joint disease. The applicant was 60 years old, it was reported, and had undergone an earlier chondroplasty procedure in 2008. The applicant exhibited an antalgic gait, was apparently walking without the aid of a cane, crutch, walker, or other assistive device. On an RFA form dated August 25, 2015, aquatic therapy and Motrin were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the left knee, 2x a week for 9 weeks (18 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Aquatic therapy.

Decision rationale: No, the request for 18 sessions of aquatic therapy for the knee is 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, as was seemingly the case here in the form of the applicant's ongoing issues with knee arthritis, the 18-session course of treatment at issue, in and of itself, represented treatment well 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. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy or physical methods which "clearly states treatment goals." Here, however, the August 1, 2015 office visit did not clearly furnish treatment goals. A clear or compelling rationale for such a lengthy, protracted course of therapy was not seemingly furnished. The applicant's work and functional status were likewise not clearly characterized. It did not appear that the applicant was working with permanent limitation imposed by a medical-legal evaluator in place, however. The treating provider did not establish how (or if) the applicant could stand to gain from further treatment, going forward. Therefore, the request is not medically necessary.

Series of 3 Supartz injections to the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 7/10/15) Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Knee Disorders, pg. 687Viscosupplementation Injections.

Decision rationale: Conversely, the request for a series of three Supartz (viscosupplementation) injections is medically necessary, medically appropriate, and indicated here. The MTUS did not address the topic of viscosupplementation injection therapy. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that intraarticular viscosupplementation injections are recommended in the treatment of knee osteoarthrosis, as was seemingly present

here. The attending provider contended that the applicant had developed issues with worsening knee degenerative joint disease (DJD) status post earlier knee arthroscopy several years prior. The applicant was 65 years old as of the date of the request, the treating provider suggested, which, coupled with the applicant's history of earlier knee surgery, made knee arthritis a very likely consideration. The applicant reported difficulty performing activities of daily living to include kneeling, bending, squatting, and walking, it was reported on August 12, 2015. Earlier viscosupplementation (Supartz) injections had proven temporarily beneficial in ameliorating the applicant's ability to stand or walk, the treating provider suggested. Therefore, the request is medically necessary.

Physical therapy for the left knee, 2x a week for 3 weeks (6 sessions): Upheld

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

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

Decision rationale: Finally, the request for six sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The attending provider indicated on August 12, 2015 that the physical therapy in question was intended for the purposes of delivering transcutaneous electrotherapy (TENS) treatments in the clinic setting. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that passive modalities such as a TENS stimulation modality sought on August 12, 2015 should be employed "sparingly" during the chronic pain phase of treatment. Page 98 of the MTUS Chronic Pain Medical Treatment Guideline also stipulates that claimant should be instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. Here, however, the attending provider did not clearly state why the claimant could not and/or had not transitioned to self-directed home-based physical medicine without the lengthy formal course of therapy at issue. Therefore, the request is not medically necessary.