

Case Number:	CM15-0203448		
Date Assigned:	10/20/2015	Date of Injury:	09/05/2013
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a work related injury on 9-5-13. A review of the medical records shows she is being treated for neck, back, shoulders, upper arms, forearms, hands, knees and right hip pain. In Primary Treating Physician's Initial Orthopedic Evaluation dated 7-31-15, the injured worker reports sharp, achy and cramping neck, back, shoulders, upper arms, forearms, hands, knees and right hip pain. She rates her pain level an 8 out of 10 at rest and 10 out of 10 with activities. She reports her pain is associated with weakness, numbness, giving way, locking grinding and swelling. She has pain that radiates down her bilateral hip, left leg and feet. On physical exam dated 7-31-15, she has tenderness noted over the medial left knee joint. She has decreased and restricted left knee range of motion. Treatments have included 2 sessions of physical therapy, acupuncture to right knee-pain relief, a cortisone injection into her left shoulder, and medications. Current medications include Metformin, Glipizide and Zinopril. He is temporarily partially disabled. The treatment plan includes requests for an MRI of left knee, for acupuncture evaluation and treat, for aqua physical therapy and for a pain medicine consult. In the Utilization Review dated 10-9-15, the requested treatments of Aquatic physical therapy 3 x 4 for left knee is not medically necessary and Acupuncture 2 x 4 to left knee is modified to Acupuncture x 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 3x a week for 4 weeks for the left knee: Upheld

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

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

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate specific functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2013 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic physical therapy 3x a week for 4 weeks for the left knee is not medically necessary and appropriate.

Acupuncture 2x a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient has been authorized previous physical therapy visits and acupuncture sessions. Current additional acupuncture was modified for 3 sessions. Although it was noted the patient had relief from sessions received, there is no specific documented functional improvement in terms of decreased VAS score, increased ADLs, decreased pharmacological profile, and decreased medical utilization to support for further acupuncture beyond guidelines criteria. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this September 2013 injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines

recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial during flare-ups, not demonstrated here. The Acupuncture 2x a week for 4 weeks for the left knee is not medically necessary and appropriate.