

Case Number:	CM15-0204256		
Date Assigned:	10/21/2015	Date of Injury:	11/03/2012
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/18/2015

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 54-year-old who has filed a claim for chronic knee, neck, shoulder, and low back pain reportedly associated with an industrial injury of November 3, 2012. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for eight sessions of aquatic therapy for the knee and a topical Kera-Tek gel. The claims administrator referenced an RFA form dated September 30, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 30, 2015, aquatic therapy, Kera-Tek analgesic gel, and Tylenol No. 3 were endorsed. On an associated progress note dated September 18, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The applicant completed 12 out of 12 sessions of postoperative physical therapy, the treating provider reported. The applicant was on Tylenol No. 3 for pain relief. The applicant contended that the 12 prior sessions of physical therapy were not successful. The applicant stated she did not feel that earlier physical therapy was helpful. Aquatic therapy was sought. The applicant was given 130 degrees of knee range of motion with 4/5 quadriceps strength. The applicant exhibited intact neurovascular exam. The applicant's gait was not clearly described or characterized. Kera-Tek gel was endorsed along with Tylenol No. 3. The applicant was given a more proscriptive 15-pound lifting limitation on this date. On June 19, 2015, the applicant underwent arthroscopic partial lateral meniscectomy and synovectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, left knee, 2 times weekly for 4 weeks, 8 sessions: Upheld

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

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

Decision rationale: No, the request for eight sessions of aquatic therapy for the knee was not medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, in applicants in whom reduced weight bearing is desirable. Here, however, the applicant's gait was not clearly described or characterized via the September 18, 2015 office visit at issue. It was not clearly stated or clearly established that reduced was, in fact, desirable here. Therefore, the request was not medically necessary.

KeraTek gel 4 oz: Overturned

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

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

Decision rationale: Conversely, the request for Kera-Tek analgesic gel, a salicylate topical, was medically necessary, medically appropriate, or indicated here. The request was framed as a first-time request for Kera-Tek analgesic gel. The applicant was not seemingly using Kera-Tek analgesic gel on an earlier office visit of August 4, 2015. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as the Kera-Tek gel at issue are recommended in the chronic pain context present here. Therefore, the first-time request for Kera-Tek analgesic gel was medically necessary.