

Case Number:	CM15-0026809		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2012
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 44-year-old female, who sustained an industrial injury on August 19, 2012. She has reported neck, back, bilateral knees, shoulders, wrists and hands pain as well as chronic abdominal pain and gastrointestinal upset. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis and cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of neck, back, bilateral knees, shoulders, wrists and hands pain as well as chronic abdominal pain and gastrointestinal upset. The injured worker reported an industrial injury in 2012, resulting in neck, back, bilateral knees, shoulders, wrists and hands pain as well as chronic abdominal pain and gastrointestinal upset. She was treated conservatively without resolution of the pain. Over two years following the reported injury she reported a 20-pound weight gain secondary to decreased activity. Weight watchers was requested but denied. Surgical intervention of the right knee was requested and denied. On March 31, 2014, the pain continued and ACL reconstruction was requested. Conservative therapies were continued. On November 12, 2104, evaluation revealed increased anxiety secondary to fear of worsening back pain with post-operative physical therapy for a recent right knee arthroscopy. The back pain continued and pool therapy was requested. On February 4, 2015, Utilization Review non-certified a request for pool therapy 2 times per week for 6 weeks for the bilateral knees and the lumbar spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 12, 2015, the injured worker submitted an application for IMR

for review of requested pool therapy 2 times per week for 6 weeks for the bilateral knees and the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2xWk x 6Wks, Bilateral Knees, Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 01/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration as goal of treatment, Aquatic therapy, Physical Medicine Page(s): 9,22,98-99.

Decision rationale: The prescription for therapy for the knees and low back overlaps with any post-operative physical therapy for the left knee, as the injured worker is still in the post-operative period for that surgery. There was no functional improvement after the 12 physical therapy visits, and no further physical therapy for the left knee would be medically necessary per the MTUS. For the right knee and the low back, the MTUS for chronic pain would apply. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. This injured worker has extreme obesity. The MTUS for aquatic therapy recommends, for those patients who need this kind of therapy, that the number of supervised visits are those outlined in the Physical Medicine section. The Physical Medicine section lists 8-10 visits for the usual sorts of chronic pain. The prescription is for 12, which exceeds the quantity recommended in the MTUS. The prescription is not accompanied by any physician reports, which adequately address function, as the PR2 of that date does not provide a work status or provide any information about current function. Functional improvement in this context implies progression of work status. Functional improvement is the goal of all treatment for chronic pain, and functional improvement is not the focus of treatment when it is not mentioned or measured. The referral for aquatic therapy is not medically necessary based on the lack of functional improvement after physical therapy for the left knee, the prescription in excess of the quantity recommended in the MTUS for chronic pain, and the lack of a sufficient focus on functional improvement.