

Case Number:	CM15-0210393		
Date Assigned:	10/29/2015	Date of Injury:	01/20/2004
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male who sustained an industrial injury on 1-20-04. A review of the medical records indicates he is undergoing treatment for knee pain, muscle spasm, chronic pain, obesity, bilateral shoulder pain, back pain, leg weakness, and radiculopathy. Medical records (8-25-15, 10-6-15) indicate ongoing complaints of right knee pain, low back pain, hip pain, and shoulder pain. The treating provider indicates that the injured worker continues to have "issues" with weakness and instability of the right knee. The records indicate that the knee "continues to give out on him" (10-6-15). He also complains of increased numbness in both legs. The 8-25-15 record indicates that the injured worker has been receiving physical therapy and that the therapist has "checked his knee and the replacement is getting more loose". The injured worker indicates that it "feels like it wants to give out" when descending stairs. The record indicates that the therapist states that "due to the replacement being loose, it is grinding, causing bone loss." The physical exam (10-6-15) reveals weakness in bilateral lower extremities, affecting the right greater than left side. Right dorsal and plantar flexion is "4 out of 5". The treating provider indicates that the injured worker has received 14 sessions of aquatic therapy. Physical therapy notes indicate at least 13 sessions of physical therapy completed. The treatment recommendation includes additional physical therapy, home exercises, Medrox ointment, and an Ideal Protein weight loss program. The utilization review (10-15-15) includes a request for authorization of extension for 16 physical therapy sessions for the right knee. The request was modified to 2 physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions, EXT physical therapy, right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.