

<b>Case Number:</b>	CM15-0040643		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 51-year-old female who reported an injury on 06/30/2009. The mechanism of injury was not specifically stated. The current diagnoses include right knee internal derangement and lumbar discogenic disease with radiculopathy. The latest physician progress report submitted for review is documented on 11/18/2014. The injured worker presented for a follow-up evaluation with complaints of low back pain and severe right knee pain. Upon examination of the right knee, there was ACL laxity, medial and lateral joint pain, positive patellofemoral crepitation, and positive Apley's grind test. Upon examination of the lumbar spine, there was painful and decreased range of motion, positive muscle spasm, radiating symptoms into the right lower extremity along the L5 and S1 distribution, tenderness to palpation over the midline and along bilateral lumbar facet joints, and 1+ deep tendon reflexes. The injured worker utilized a worker for ambulation assistance. Recommendations included a Toradol injection, a home exercise program, a walker with a seat, a TENS unit, and continuation of the current medication regimen. It was also noted that the injured worker required an L4-S1 fusion secondary to severe pain. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool physical therapy (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of therapy, where available as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. In this case, there was no mention of a contraindication to land based physical therapy as opposed to aquatic therapy. There was no mention of the need for reduced weight bearing. The request as submitted also failed to indicate a specific body part to be treated. Given the above, the request is not medically appropriate.

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term use is unproven and there is a risk of dependence. It is unclear how long the injured worker has utilized the above medication. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of a benzodiazepine has not been established in this case. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.