

Case Number:	CM15-0049884		
Date Assigned:	03/23/2015	Date of Injury:	04/05/2013
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania, Ohio, 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 (IW) is a 54-year-old male who sustained an industrial injury on 04/05/2013. Diagnoses include chondromalacia patellae, internal derangement of knee not otherwise specified, osteochondritis dissecans and patellar tendinitis. Treatment to date has included medications and home exercise program. Diagnostics performed to date included x-rays. According to the Doctor's First Report of Occupational Injury or Illness dated 2/20/15, the IW reported severe bilateral knee pain, right greater than left with "giving way", arthritis and weakness. The physical exam showed crepitus and loss of range of motion, right greater than left with flexion and patellofemoral tenderness. Aquatic therapy (bilateral knees) and Celebrex 200mg #60 (refill x 1) was requested for treatment of bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x2 (bilateral knees): Upheld

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

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

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.

Celebrex 200mg #60 (refill x 1): Upheld

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

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

Decision rationale: MTUS recommends NSAIDs as a first-line for chronic musculoskeletal pain. This guideline recommends a Cox-2 inhibitor (such as Celebrex) over a traditional NSAID if there is a particular risk of GI complications but not for the majority of patients. The records in this case do not provide a rationale for such a Cox-2 inhibitor; this request is not medically necessary.