

Case Number:	CM13-0065746		
Date Assigned:	01/03/2014	Date of Injury:	02/09/2013
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury on February 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 27, 2013, the claims administrator denied a request for nine sessions of aquatic therapy, citing non-MTUS ODG Guidelines and Aetna Physical Therapy Guidelines along with MTUS Guidelines. The applicant's attorney subsequently appealed. In a January 8, 2014, appeal letter, the attending provider furnishes the applicant with prescriptions for tramadol, Levoxyl, and Naprosyn, noting that the applicant carries the diagnoses of causalgia of the lower limb, generalized osteoarthritis, and strain of knee and leg. It is stated that the applicant "desperately needs" knee surgery. It is stated that aquatic therapy will help the applicant strengthen her core muscles and leg musculature. A September 16, 2013, physical therapy evaluation is notable for comments that the applicant sustained an industrial right knee injury. She has essentially been off work since the date of injury, it is stated. Walking and weight bearing worsen her knee pain. Her knee symptoms are it gives out and locks, it is stated. Her condition is worsening. Lower extremity strength ranges from 2+/5 to 5/5; it is stated, with knee range of motion limited to the 15-80 degree range. The applicant is described as having weakness about the lower extremity in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY (PT) THREE (3) TIMES A WEEK FOR THREE (3) WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy is those applicants in whom reduced weight bearing is desirable. In this case, the applicant is apparently having significant difficulty ambulating. She is apparently having issues with her knee giving way. She is apparently a candidate for knee surgery and also reportedly has issues with causalgia of the lower limb. Her knee is locking, clicking, and giving way. She does apparently have arthritic changes associated with the same. An initial nine-session course of treatment is indicated and compatible with the overall 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.