

Case Number:	CM14-0114923		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2013
Decision Date:	12/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old female who reported an injury on 05/28/2013 due to tripping on uneven concrete which caused her to fall forward, hitting her chest and injuring her knees. Prior treatments were medications, physical therapy, and aquatic therapy. The diagnosis was status post partial medial meniscectomy of the right knee. The injured worker had her surgery on 09/05/2014. The physical examination on 10/06/2014 revealed that the injured worker was participating in aquatic therapy. The injured worker had been 5 times and had an additional 7 sessions left. The injured worker reported that she was weak and having difficulty working against gravity. A report from the therapist, which was not submitted for review, noted that the injured worker's strength with flexion and extension was 3/5. It was also noted that the injured worker was awaiting viscosupplementation injections. There was no examination provided. Treatment plan was to encourage the injured worker to continue using her brace, cane, and anti-inflammatory medication. The Request for Authorization was submitted with a date of 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 6 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines/Knee & Leg (updated 06/05/14) Physical Medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The decision for aquatic therapy 2 x 6 bilateral knees is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis it is 8 to 10 visits. There was no physical examination for the injured worker submitted. There were no clinical notes from the previous aquatic therapy submitted for review. There was no objective functional improvement reported. There is a lack of documentation of an objective assessment of the injured worker's pain level, and functional status. The clinical information submitted for review does not provide evidence to justify aquatic therapy 2x6 bilateral knees. Therefore, this request is not medically necessary.

Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electric stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES; TENS Page(s): 121; 114-116.

Decision rationale: The decision for muscle stimulator is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review did not provide a postoperative physical examination, nor did it submit any objective functional improvement from the aquatic therapy. The request does not indicate what type of unit is being requested. Medications for the injured worker were not reported. The clinical information submitted for review does not provide evidence to justify a decision for a muscle stimulator. Therefore, this request is not medically necessary.