

Case Number:	CM14-0151613		
Date Assigned:	09/19/2014	Date of Injury:	08/12/2007
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 claimant has multiple dates of injury on 11/28/05, 08/12/07, and 06/17/09. Aquatic therapy and Neurontin are under review. He sustained an acute twisting injury involving his back and right hip on 11/28/05 while moving a heavy cement ashtray. He was diagnosed with a right hip strain. MRI of the lumbar spine revealed degenerative disc disease at L5-S1 with multilevel disc bulges. He had ESI's (epidural steroid injections) in late 2006 and early 2007 with little to no benefit. He had an injury involving his left knee on 08/12/07 and as a compensable consequence, an to his right knee as well. He is currently status post bilateral total knee arthroplasties in 2013. On 06/17/09, he tripped on a rock and injured his left ankle. He exacerbated his left knee problems and injured his left shoulder. By 08/27/09, he went out on temporary total disability. He received an impairment rating. The note dated 12/04/13 indicates been problems with his knees and his right side was worse. He lacked confidence in them and felt his legs were going to give out and they were wobbly. He was to continue therapy. He still had low back pain and bilateral knee pain as of 01/02/14. He was using Norco, Neurontin, and Colace. Aquatic therapy was ordered and was ordered again on 04/24/14. He had ongoing low back pain with right-sided low extremity radiating pain and numbness and bilateral knee pain. He had mechanical low back pain but no motor weakness or gait disturbance. There were no long tract neurological signs or symptoms. He had bilateral radiating numbness and paresthesias. His symptoms were improved by gentle strengthening and stretching exercises and his medications. The claimant completed his formal physical therapy and on 10/09/13, aquatic therapy was requested. He was able to sit comfortably and had an improved gait but it was still slightly antalgic and he was favoring the right leg. He had some muscle spasm in the low back. Straight leg raises were positive bilaterally. There was some atrophy of the right thigh and calf. He had tenderness over the right hip capsule and limited range of motion of the knees. Reflexes

were intact and he had 10% strength deficits of the EHL (Extensor Hallucis Longus) bilaterally. An independent strengthening and stretching exercise program was recommended with a personal trainer or physical therapist. On 06/19/14, a note by a provider stated he had been authorized for another 12 sessions of PT and he was looking forward to it. There is no mention of aquatic therapy being necessary. He had an AME on 06/30/14 regarding his back and lower extremities. On 07/16/14, he underwent electrodiagnostic studies that showed bilateral L5 radiculopathies. On 08/20/14, he reportedly had been approved for physical therapy and aquatic therapy and went to two but was told his authorization was canceled. He was doing well with the aquatic therapy and the Neurontin. He stated the Neurontin helped the numbness and tingling down his legs and he was able to perform the aquatic therapy. With aquatic therapy he had less knee pain and was able to decrease his Norco. Without the therapy the pain gradually returned. He had some tenderness of the left knee. He still had increased paresthesias down the right leg with right straight leg raise in the seated position. Again 8 sessions of aquatic therapy were recommended for his knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy X 8 Sessions, Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

Decision rationale: The history and documentation do not objectively support the request for aquatic therapy for the knees for 8 sessions. The claimant reportedly completed his postop PT. The MTUS state "Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The claimant has attended what should have been a reasonable number of PT visits and there is no clinical information that warrants the continuation of PT for an extended period of time. He has reported benefit from independent stretching exercises. He has few findings that would support a request for aquatic therapy. It is not clear what significant benefit is anticipated from this type of therapy. Both PT and aquatic therapy have been recommended in 2014 following surgery and completion of postop PT in 2013. There is no evidence that the claimant has attempted and failed or remains unable to complete his rehab with an independent HEP (home exercise program). The medical necessity of aquatic therapy for 8 sessions for the knees has not been clearly demonstrated.

Neurontin 800mg three times per day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin; Medications for Chronic Pain Page(s): 83; 94.

Decision rationale: The history and documentation do not objectively support the request for Neurontin (gabapentin) 800 mg three times per day, #90. The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Also, "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days.... A record of pain and function with the medication should be recorded. (Mens 2005)" There is no evidence that the claimant has tried and failed other first line drugs for chronic pain including acetaminophen, NSAIDs, or antidepressants. In this case, the claimant does not have a diagnosis of either diabetic neuropathy or postherpetic neuralgia and he reports paresthesias but not neuropathic pain. There is no evidence of focal neurologic deficits demonstrating the presence of likely neuropathic pain. In addition, specific evidence of the benefit of ongoing use of Neurontin has not been submitted.