

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0174485 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 04/12/2002 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 applicant is a represented Los Angeles Unified School District (LAUSD) teacher, who has filed a claim for wrist, hand, thumb, and low back pain reportedly associated with an industrial injury of April 12, 2002. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve request for 12 to 18 sessions of aquatic therapy for the left knee. The claims administrator stated that its decision was based on progress notes of June 24, 2014, July 22, 2014, and September 23, 2014. The applicant had a history of left total knee arthroplasty on June 17, 2013 and right total knee arthroplasty on September 25, 2011, it was acknowledged. The applicant's attorney subsequently appealed. In a June 20, 2014 medical progress note and pain management consultation, the applicant reported multifocal complaints of neck, mid back, and low back pain, highly variable, 8/10. The applicant was using a cane to move about. The applicant received multiple lumbar rhizotomy procedures, it was acknowledged. The applicant was on Lyrica, Robaxin, and tramadol. The applicant exhibited a wide based gait requiring usage of a cane. The attending provider sought authorization for repeat lumbar radiofrequency rhizotomy procedures, hot and cold contrast system, and urine drug testing. In a handwritten note dated August 26, 2014, the applicant reported multifocal complaints of wrist, hand, and finger pain with associated triggering and locking. The applicant was placed off of work, on total temporary disability. Medial branch blocks were sought. Robaxin and Lyrica were apparently renewed. The note was handwritten, difficult to follow, non-entirely legible, and compromised largely of preprinted checkboxes. The applicant's gait was not clearly described, although the attending provider stated that the applicant was ambulating with "STC." In a handwritten note dated July 3, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of thumb and finger pain with associated clicking and locking. The applicant had issues with thumb arthritis and a trigger finger, it was acknowledged.

The applicant was again placed off of work, on total temporary disability. Ancillary complaints of low back pain were reported. Lyrica and Robaxin were renewed. The attending provider stated that the applicant was walking 30 minutes, 4 times a week, albeit with aid of a cane, for home exercise purposes. On May 26, 2014, authorization was sought for a six-month gym membership with access to a heated pool. The applicant was again placed off of work, on total temporary disability. The remainder of the file was surveyed. The bulk of file compromised largely of historical utilization review report and historical medical-legal evaluations. On June 24, 2014 and July 22, 2014, the applicant's secondary treating provider, orthopedist, sought authorization for therapy for the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua physical therapy 2-3 times 4-6 for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, it is not clear that reduced weightbearing is, in fact, desirable. Despite having residual complaints of low back pain and residual complaints of knee pain status post earlier total knee arthroplasty surgery, the applicant was described as walking for exercise purposes, at a rate of four times a week, 30 minutes at a time, albeit with the aid of a cane, at times, on a handwritten office visit of July 3, 2014. It does not appear, thus, that reduced weightbearing is, in fact, desirable here. It is further noted the 18-session course of aquatic therapy proposed, in and of itself, represents treatment in excess of the 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, the diagnosis reportedly present here. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that it is incumbent upon a prescribing provider to furnish a prescription therapy, which "clearly states treatment goals." Here, the handwritten progress notes do not clearly outline or clearly state treatment goals. It was not clearly stated whether or not the applicant had or had not had previous aquatic therapy and what the applicant's response to previous aquatic therapy (if any) was. Therefore, the request was/is not medically necessary.