

<b>Case Number:</b>	CM15-0013287		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 54 year old female, who sustained a work/ industrial injury on 12/13/10. She has reported symptoms of chronic left knee pain (aching, soreness, stiffness, tenderness, and throbbing). Prior medical history was not listed. The diagnoses have included degenerative joint disease of the left knee, left knee sprain/strain. The treating physician reported on 12/9/14 that there was crepitus and grinding and limited motion and pain with prolonged standing or walking. There was 15% improvement with Supartz and Depomedrol injection. Treatment to date has included medication, orthopedic consult, and knee injections. Surgery included left knee partial meniscectomy (2011) and knee surgery (2013). Medications included Celebrex, Inderal, Norco, Pristiq, and Zolpidem. The provider recommended hydro or aquatic therapy for the left knee. On 12/22/14, Utilization Review non-certified an Aquatic/physical therapy to left knee; Urine drug screen, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines as well as Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic/physical therapy (left knee):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines do not allow for aquatic therapy after partial meniscectomy as there is question as to its efficacy. Therefore, this request is medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary 11/21/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening section.

**Decision rationale:** The chronic pain guidelines support the use of urine drug screening to monitor for issues of abuse when treating with chronic pain medication which includes steps to avoid misuse through frequent random urine tox screening at those at high risk of abuse. Therefore, this request is medically necessary.