

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0016725 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 04/16/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/10/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 04/16/2009. The mechanism of injury was not stated. The current diagnoses include diabetes mellitus type 2, chronic right knee pain, status post right knee surgery on 07/20/2011, right knee sprain, chronic left knee pain, chronic left calcaneal pain, chronic low back pain, history of left hip pain, anxiety, tobacco dependency, sexual dysfunction, obesity, and insomnia. The injured worker presented on 11/25/2014 with complaints of persistent pain in the bilateral knees. Upon examination, there was tenderness to palpation, swelling, crepitus on the left, left calcaneal tenderness, and bilateral sacroiliac tenderness. Recommendations at that time included continuation of Atarax and Norco. Additionally, the provider requested pool therapy and a rolling walker. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roller walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Walking Aids.

Decision rationale: The Official Disability Guidelines recommend walking aids as indicated. In this case, there was no documentation of a significant functional limitation. There was no evidence of instability upon examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically appropriate at this time.

Pool therapy x 12 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity so it is recommended where reduced weight bearing is desirable. In this case, there was no documentation of a significant functional limitation with regard to the right knee. There was no indication that this injured worker required reduced weight bearing as opposed to land based physical therapy. Given the above, the request is not medically appropriate at this time.