MAXIMUS Federal Services

Case Number:	CM13-0023779		
Date Assigned:	11/15/2013	Date of Injury:	01/18/2012
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain 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 physician 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:

Patient has left knee complaints dating from date of injury 01/18/2012. Patient has a diagnosis of medial meniscal tear and is status post left knee diagnostic and operative arthroscopy and partial lateral meniscectomy (10/12/2012). Medical records indicate patient has had surgical intervention, physical therapy and injections and as noted on PR dated 06/25/2013 "making slow and steady progress". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Given the patent's lack of clinical complexity and steady progress, a pain management evaluation and treatment is not reasonable at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Mangement Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Patient has left knee complaints dating from date of injury of 01/18/2012. Patient has a diagnosis of medial meniscal tear and is status post left knee diagnostic and operative arthroscopy and partial lateral meniscectomy (10/12/2012). Medical records indicate patient has had surgical intervention, physical therapy and injections and as noted on PR dated 06/25/2013 "making slow and steady progress". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The request for pain management consultation was already authorized by the initial utilization review. As for the "treatment" portion, while follow-up visitations are reasonable, given the lack of what "treatment" entails, recommendation is for denial. Treatment recommendation(s) following pain consultation will need to be reviewed depending on what the treatments are being recommended. Therefore the non-specific "treatment" is not medically necessary.

Physical Therapy, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Patient has a diagnosis of medial meniscal tear and is status post left knee diagnostic and operative arthroscopy and partial lateral meniscectomy (10/12/2012). Treater recommends a course of therapy twice a week for six weeks as patient has not had therapy in over six months. California chronic pain medical treatment post surgical guidelines pg 24 states controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Postsurgical treatment after Meniscectomy is recommended for 12 visits over 12 weeks with postsurgical physical medicine treatment period: 6 months. The current request is for additional 12 sessions of therapy and the treater indicates that the patient is now out of post-op time frame of 6 months. When applying general chronic pain therapy guidelines, MTUS pages 98 and 99 recommends 8-10 sessions of therapy for myalgia/myositis that this patient suffers from. The current request for 12 sessions exceeds what is recommended by MTUS guidelines. Therefore the request for additional Physical Therapy 2 times a week for 6 weeks is not medically necessary.