

Case Number:	CM14-0004054		
Date Assigned:	02/05/2014	Date of Injury:	07/29/2008
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 56-year-old male who sustained injuries to his left knee and low back on 07/29/08. The mechanism of injury was not documented. The injured worker is status post anterior cervical discectomy and fusion at C3 through C7, posterior decompression stabilization dated 04/26/11. The injured worker is status post TLIF (lumbar interbody fusion) at L5-S1, posterior instrumentation fusion at L3 through S1 dated 02/21/13. A follow-up note dated 04/08/13 reported that plain radiographs of the lumbar spine revealed a satisfactory alignment of the hardware and graft, which is immature at this point. Plain radiographs of the left knee dated 04/08/13 revealed moderate narrowing of the medial tibial compartment; small osteophytes involves the medial tibial femoral and the patellofemoral compartments; possible chondrocalcinosis of the medial meniscus is present with no joint effusion or fracture present.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/ POOL THERAPY 3X4 (24): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY.

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

Decision rationale: The previous request was denied on the basis that the injured worker has already been approved for 26 postoperative physical therapy visits to date for the lumbar spine and is 10 months status post lumbar fusion surgery; however, there was no indication that the patient has had any physical/pool therapy for his left knee, which is a newer injury. Given this, the request for additional visits of physical/pool therapy is indicated as medically necessary and appropriate.

MRI KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

Decision rationale: It was reported that the left knee is swollen, painful, and has reduced range of motion. The previous request was denied on the basis that there were no 'red flags' identified and no indication of conservative treatment for the knee. There was no mention that a surgical intervention was anticipated. Given the physical examination findings of ongoing left knee pathology and the clinical documentation submitted for review, the request for MRI of the left knee is indicated as medically necessary.

ORTHO EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

Decision rationale: The previous request was denied on the basis that there was no mention that a surgical intervention is anticipated and that there was no documentation of conservative treatment for the knee. The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs, symptoms, clinical stability, and reasonable physician judgment. After a review of the medical records provided, the ODG criteria has been met. The request for an ortho evaluation is indicated as medically necessary and appropriate.