

Case Number:	CM14-0005767		
Date Assigned:	02/05/2014	Date of Injury:	05/28/2013
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 28, 2013. So far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties and right knee arthroscopy on January 12, 2014. In a Utilization Review Report of January 2, 2014, the claims administrator denied a request for 12 sessions of postoperative physical therapy. The claims administrator stated that the applicant did not report any GI issues for which a GI consultation would have been indicated. The applicant did apparently undergo an arthroscopic chondroplasty, lateral medial meniscectomies, and resection of the medial plica and limited synovectomy on January 12, 2014. On November 20, 2013, the applicant was described as reporting persistent knee pain, 6-7/10 with associated locking and clicking. It was stated that the applicant had abdominal pain secondary to medication but this was not elaborated upon, however. Acupuncture, right knee arthroscopy, GI consultation, tramadol, Fluriflex, and postoperative physical therapy and work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), 12 VISITS, FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 13 (KNEE COMPLAINTS),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

Decision rationale: The request in question represented a first time request for postoperative physical therapy following knee surgery on January 12, 2014. The postsurgical treatment guidelines in the California MTUS do endorse a general course of 12 sessions of treatment following the meniscectomy procedure which transpired here. While the California MTUS Guidelines suggest furnishing an initial course of therapy which represents one half of the general course of therapy for the surgery in question, partial certifications are not permissible through the independent medical review process. Thus, the decision is either to approve the postoperative physical therapy as written or to deny it outright. In this case, providing postoperative physical therapy would be preferable to not providing any postoperative physical therapy whatsoever. Therefore, the request is medical necessary.

ACUPUNCTURE, 12 VISITS, FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: As noted in the California MTUS Guidelines the time deemed necessary to produce functional improvement following introduction of acupuncture treatment is three to six treatments. In this case, the treatment being sought represents treatment two to four times the California MTUS Guideline parameters. No clear rationale for treatment this far in excess of the California MTUS parameters was proffered by the attending provider. The request is not medically necessary.

URINE TOXICOLOGY: Upheld

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: While page 43 of the California MTUS Chronic Pain Guidelines does support intermittent drug testing of the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, attending provider should clearly state which drug test and/or drug panels which he intends to test for along with the request for authorization for drug testing. The attending provider should also state when the last time the applicant was testing along with any request for testing. It is also incumbent upon the attending provider to furnish the applicant's complete medications along with the request for authorization for testing. In this case, however, none of the aforementioned criteria were met. The attending provider did not state when the last time the applicant was tested. It was not clearly stated what drug test and/or drug panels were being sought. It was not clearly stated what medications applicant was using as of the date of the request. The request is not medically necessary.

CONSULTATION WITH GI SPECIALIST: Upheld

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: While page 1 of the California MTUS Chronic Pain Medical Treatment Guidelines does suggest that a primary treating provider (PTP) should reconsider the operating diagnosis and decide whether specialist evaluation is necessary in applicants with persistent complaints which prove recalcitrant to conservative treatment, in this case, however, it was not clearly stated how the applicant had reported issues related to abdominal pain. The nature, duration, magnitude, and severity of the applicant's abdominal pain complaints was not detailed, characterized, or described in any meaningful fashion. The attending provider did not state how long the applicant had been having complaints of abdominal pain. There was no mention of any associated symptoms of dyspepsia, reflux, heart burn, hematochezia, melena, etc, which might make a stronger case for the proposed GI consultation in question. The request is not medically necessary.