

Case Number:	CM14-0165111		
Date Assigned:	10/10/2014	Date of Injury:	05/09/2013
Decision Date:	12/02/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/07/2014

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 & 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 55 year old female who reported an injury on 05/09/2013. The injury occurred when the injured worker was pushing a gurney and the wheels got stuck on the elevator and a coworker pushed it hitting her left knee. She was diagnosed with lumbosacral sprain/strain; lumbar muscle spasm; rule out lumbar disc protrusion; rule out lumbar radiculitis versus radiculopathy; left knee sprain/strain; left knee medial meniscus tear and free edge tearing of the lateral meniscal body; left Achilles strain; and loss of sleep. Past treatments included physical therapy, chiropractic therapy, medications, and modified work duties. An MRI of the left knee was done on 04/03/2014 which revealed complex tearing of the medial meniscal posterior horn. On 09/02/2014, the injured worker complained of constant moderate 4/10 dull low back pain and stiffness. She had complained of constant severe 8/10 sharp left knee pain and constant moderate 4/10 dull left Achilles pain. She also had complained of loss of sleep due to her pain. Upon physical examination, her motor strength was 5+/5 bilaterally in the lower extremities. Her left knee range of motion was decreased and painful. On 09/26/2014, the injured worker reported that she had continued pain to the left knee without medications and the pain was decreased with medications. Upon physical examination, she had tenderness to the left knee joint line and tenderness to the medial joint line. Current medications were included Naproxen, Prilosec, and Methoderm cream. The treatment plan included continuing the medications. A request was received for physical therapy two to three times a week for six weeks to the left knee and sleep studies. The rationale for the treatment request was not provided. The Request for Authorization not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two to three times a week for six weeks to the left knee: Upheld

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

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

Decision rationale: The request for physical therapy two to three times a week for six weeks to the left knee is not medically necessary. The California MTUS Guidelines states that physical therapy is recommended. The guidelines states that therapeutic exercise and/or activity are beneficial for restoring their flexibility, strength, endurance, function, range of motion, and can help to alleviate discomfort. For myalgia and myositis, the guidelines recommend 9-10 visits over 8 weeks. The documentation provided evidence of the injured worker already completing at least 8 sessions of physical therapy. The documentation fails to provide a quantified number for the decrease range of motion. The clinical note on 09/02/2014 fails to provide evidence of decreased motor strength. The documentation failed to provide evidence of significant objective functional improvement from the previous physical therapy sessions. The request for 12-18 sessions of physical therapy exceeds the recommended number of visits by the guidelines. There were no exceptional factors to warrant going outside the recommended number of visits by the guidelines. Therefore, the request for physical therapy two to three times a week for six weeks to the left knee is not medically necessary.

Sleep studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: The request for sleep studies is not medically necessary. The Official Disability Guidelines states that polysomnographies are recommended after at least six month of an insomnia complaint. There should be documentation showing the injured worker is unresponsive to behavior intervention and sedative/sleep-promoting medications, and psychiatric etiology has been excluded. The guidelines states that sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The injured worker complains of pain in the clinical note 09/02/2014. The documentation submitted failed to show evidence of the injured worker having an insomnia complaint for at least six months. Therefore, the request for sleep studies is not supported by the evidence based guidelines. As such, the request is not medically necessary.

