

<b>Case Number:</b>	CM14-0171894		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/13/1998
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 43-year-old male with date of injury of 11/13/1998. The listed diagnoses per [REDACTED] from 08/20/2014 are: 1. internal knee derangement. 2. Knee MM. 3. Knee chondromalacia. 4. Osteoarthritis of the knee. 5. Diabetes mellitus type 2. According to this report, the patient complains of continued pain with restricted activities of daily living including functional limitations. The examination shows the patient is pleasant, well-developed in no acute distress. Neurological coordination is within normal limits. Psychiatric mood and affect is normal. Inspection of the left knee is unremarkable with no deformity noted. Sensation to light touch is intact. Strength is within normal limits. Motion is full and painless. Stability is normal. Joint tenderness was noted in the medial joint line. The utilization review denied the request on 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Sessions between 9/29/14 and 11/13/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines physical medicine Page(s): 98 99.

**Decision rationale:** This patient presents with left knee pain. The treater is requesting occupational therapy. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The UR denied the request stating, "Within the submitted medical records, there is no documentation of the patient having quantifiable objective functional deficits along with previous physical examinations showing the patient had no limitations whatsoever other than tenderness. Moreover, the request does not specify the total number of sessions or what amenable body part will be authorized for occupation/physical therapy." The documents do not show any occupation therapy reports to verify how many treatments the patient has received and with what results. The report making the request is missing to determine the exact rationale behind the request. The PR-2s from 04/22/2014 to 08/28/2014 do not show any examination of the upper extremities or arms. It is not known why therapy is requested and what is to be accomplished. Given the lack of discussion, Occupational Therapy Sessions between 9/29/14 and 11/13/14 is not medically necessary.

**1 Physical Therapy Session between 9/29/14 and 11/13/14: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines physical medicine Page(s): 98 99.

**Decision rationale:** This patient presents with left knee pain. The treater is requesting 1 physical therapy session. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating no documentation of quantifiable objective functional deficits along with previous physical examination showing the patient had no limitation whatsoever other than tenderness. The 04/22/2014 to 08/28/2014 report shows inspection of the left knee is unremarkable with no deformity. Sensation is intact to light touch. Strength is within normal limits. Range of motion is full and painless. Stability is normal. Joint line tenderness in the medial aspect of the knee. It appears that the patient has not had any recent physical therapy, and while the examination of the left knee did not show any significant symptoms, the requested 1 visit is reasonable as a refresher session for the patient's HEP. Therefore, 1 Physical Therapy Session between 9/29/14 and 11/13/14 is medically necessary.

**1 Follow-up Visit with an Orthopedic Specialist between 9/29/14 and 12/28/14: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** This patient presents with left knee pain. The treater is requesting 1 followup visit with an orthopedic specialist. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request stating that there was no documentation within the medical records to show that the patient had any concerns nor were there any signs that the patient had an unstable condition that require the use of an orthopedic specialist. In this case, ACOEM Guidelines supports follow-up evaluations and the request is within reason. Therefore, 1 Follow-up Visit with an Orthopedic Specialist between 9/29/14 and 12/28/14 is medically necessary.