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| Case Number: | CM14-0183971 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 06/11/2010 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 pain reportedly associated with an industrial injury of June 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and a knee arthroscopy procedure of June 23, 2014. In a Utilization Review Report dated October 27, 2014, the claims administrator denied a request for 12 sessions of physical therapy, denied an unloader brace, and denied urine toxicology screening. Despite the fact that the applicant was still within the postsurgical physical medicine treatment period following a knee arthroscopic partial meniscectomy surgery of June 23, 2014, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Knee and Leg Chapter. The applicant's attorney subsequently appealed. On June 23, 2014, the applicant underwent a knee arthrotomy, knee partial medial meniscectomy, removal of loose bodies, and patelloplasty procedure to ameliorate a preoperative diagnosis of grade IV osteochondral defect of the femoral trochlear groove. In a September 18, 2014 progress note, the applicant reported ongoing complaints of knee pain, 6/10. The applicant was wearing knee braces for support purposes. The applicant was limping in the clinic. Twelve additional sessions of physical therapy, a knee unloader brace, and urine toxicology screening were sought. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place, many of which were extremely proscriptive and included comments such as "no prolonged standing or walking." In a March 10, 2014 progress note, the applicant was described as recuperating from a recent arthroscopic chondrocyte biopsy. The applicant was pending an autologous chondrocyte implantation; it was noted at that point in time. It was stated

that the applicant's diagnosis was a large osteochondral defect of the femoral groove of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/7/14), Physical Medicine treatment

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While this may or may not result in extension of treatment beyond the 12-session course recommended in the MTUS Postsurgical Treatment Guidelines following a knee meniscectomy surgery, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, and/or nature, number, and complexity of surgical procedure undertaken. Here, the applicant underwent a knee arthrotomy procedure, meniscectomy procedure, chondrocyte implantation procedure, removal of loose bodies, and patelloplasty procedure on June 23, 2014. This surgery apparently represented a repeat surgery following a previously unsuccessful surgery at an unspecified point in time. While the claims administrator reported that the applicant had had 23 sessions of physical therapy through September 8, 2014, it does not appear that all of these treatments transpired during the postsurgical physical medicine treatment period following the fairly major knee surgery which transpired on June 23, 2014. Given the complexity of the surgery undertaken, the fact that the applicant did apparently have arthritic changes about the injured knee, and the fact that additional functional improvement can theoretically be achieved here, additional treatment above and beyond MTUS parameters is indicated here. Therefore, the request is medically necessary.

Unloader brace for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 10/7/14), Unloader braces for the knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 346.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 346, functional bracing is deemed "optional" as part of a rehabilitation program. Here, the applicant was described as having issues with knee arthritis evident on or around the date of the request, September 18, 2014. The applicant did exhibit a considerable limp evident

on this date. The unloader knee brace was sought along with physical therapy, with the ultimate goal of advancing the applicant's activity level. This is an appropriate role for the proposed unloader brace. Therefore, the request is medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, does stipulate that an attending provider clearly state what drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. Here, however, the urine toxicology screen was sought on September 29, 2014. The applicant's medication list was not attached to the same, nor was the applicant's medication list attached to a September 18, 2014 progress note, referenced above. It was not clearly identified when the applicant was last tested. It was not stated what drug tests and/or drug panels were being sought here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.