

Case Number:	CM14-0024177		
Date Assigned:	02/28/2014	Date of Injury:	06/18/2013
Decision Date:	07/10/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/09/2014

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 Illinois. 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 59 year old female who reported injury on 06/08/2013. The documentation of 01/03/2014 revealed a handwritten note that was difficult to read. The diagnoses included internal derangement of the knee and De Quervain's syndrome. The treatment plan included transportation, physical therapy, EMG/NCV of the bilateral lower extremities, motion x-ray of the bilateral knees, left wrist and hand and lumbar spine, medication consult, Functional Capacity Evaluation, bilateral knee brace, and chiro 3 times 4 per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 X WEEK FOR 4 WEEKS FOR LEFT KNEE AND LEFT THUMB/HAND: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. Official Disability

Guidelines recommend 9 visits for derangement of meniscus. Injured workers should be formally assessed after a 6 visit clinical trial to see if the injured worker is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. Additionally, for De Quervain's syndrome, the medical treatment is 9 visits over 8 weeks. The same first 6 visit clinical trial applies. The clinical documentation submitted for review failed to provide the necessity for 12 sessions of physical therapy. The request as submitted would be considered excessive without re-evaluation. Given the above, the request is not medically necessary.

MOTION X-RAY LEFT KNEE AND LEFT HAND/THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 268-269, 341-343.

Decision rationale: ACOEM Guidelines indicate that for most patients presenting with true hand and wrist problems special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the results of a plain x-ray to support the necessity for a motion x-ray. The clinical note was difficult to read and, therefore, it could not establish the necessity for a motion x-ray of the bilateral left knee and left hand/thumb. ACOEM Guidelines indicate for knee complaints, special studies are not needed to evaluate knee complaints until after a period of conservative care and observation. There was a lack of documentation indicating the injured worker's conservative care as well as the results of lower studies. Given the above, the request is not medically necessary.

LOWER LEFT KNEE BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: ACOEM Guidelines indicate knee braces can be used for patella instability, anterior cruciate ligament tears or medial collateral ligament instability. Usually a brace is only necessary if the injured worker is going to be stressing the knee under load such as climbing ladders or carrying boxes. For the average injured worker, using a brace is unnecessary. The clinical documentation submitted for review failed to indicate the necessity for bilateral bracing. There was a lack of documentation of an objective legible physical examination to support instability. There was a lack of documentation indicating the injured worker would be stressing the knee under load such as climbing ladders or carrying boxes. Given the above, the request for a lower left knee brace is not medically necessary.

CHIROPRACTIC TREATMENTS 3 X WEEK FOR 4 WEEKS FOR LEFT KNEE AND LEFT HAND/THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend manual therapy for the forearm, wrist and hand or the knee. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for chiropractic treatments 3 times a week for 4 weeks for the left knee and left hand/thumb is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the injured worker was close to MMI. There was a lack of documentation indicating the injured worker had a prior unsuccessful return to work. Given the above, the request is not medically necessary.