

Case Number:	CM14-0087768		
Date Assigned:	07/23/2014	Date of Injury:	11/04/2010
Decision Date:	09/23/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain 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:

This is a 71-year-old male who sustained a remote industrial injury on 11/04/10 diagnosed with a hip injury, status-post bilateral knee surgeries, and internal issues. Mechanism of injury occurred when the patient was moving a large frame and bumped his lower right thigh on the frame. The request for outpatient physical therapy 2 times a week for 3 weeks to the bilateral knees was non-certified at utilization review due to the insufficient documentation of significant knee pathology. The requests for an orthopedic evaluation for the bilateral knees and hips and an internist evaluation for chronic stomach irritation were also non-certified at utilization review due to the insufficient documentation indicating that these evaluations are necessary. The most recent progress note provided is 02/25/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of right hip and bilateral knee pain; the rest of the subjective complaints are largely illegible. Physical exam findings appear to reveal decreased range of motion of bilateral knees, tenderness to palpation of bilateral knees, decreased range of motion of the right hip, and tenderness to palpation of the right hip. Current medications are not legibly listed. The treating physician does not provide any rationales behind the plan of treatment. The patient's previous treatments include physical therapy, knee brace, knee surgeries, and medications. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PT 1X3 BILATERAL KNEES, ORTHO EVAL BILATERAL KNEES AND HIP INTERNIST EVAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 17,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Considering the patient's date of injury, it is reasonable to assume that he has participated in physical therapy in the past. However, the number of sessions completed and any functional improvement obtained as a result is not delineated in the documents provided. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. The requests for specialist consultation are compared to ACOEM criteria, which states, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Provided documentation does not support the need of additional specialist involvement in the current clinical setting, lacking objective finding to suggest that additional expertise is necessary. Further, thorough rationales for the need of an orthopedic referral and internist referral are not provided. Thus, Outpatient Pt 1x3 Bilateral Knees, Ortho Eval Bilateral Knees and Hip Internist Eval is not medically necessary.