

Case Number:	CM14-0105154		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2013
Decision Date:	07/02/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68-year-old who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated June 27, 2014, the claims administrator failed to approve a request for an x-ray of the left knee and eight sessions of postoperative physical therapy. The claims administrator referenced a June 13, 2014 progress note in its determination. It is clearly noted that the applicant had undergone an earlier knee arthroscopic partial meniscectomy on April 7, 2014. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of shoulder, hip, knee, wrist, and hand pain. Ultram, Zanaflex, sonata were endorsed. The applicant was apparently asked to consider viscosupplementation injections. On April 7, 2014, the applicant underwent a knee arthroscopy with partial medial and lateral meniscectomies as well as chondroplasty and synovectomy. On May 4, 2015, the applicant was again asked to remain off of work, on total temporary disability. Authorization for left knee total knee arthroplasty was sought. The medication selection and medication efficacy were not detailed or discussed. On August 20, 2014, the applicant was again placed off of work, on total temporary disability, following earlier knee surgery. A BioniCare system, a TENS unit, and acupuncture were sought. On July 14, 2014 RFA form, an additional eight sessions of physical therapy were sought. The request was framed as a renewal or extension request for physical therapy. An associated progress note of July 11, 2014, the applicant was placed off of work, on total temporary disability. A cane, knee brace, and acupuncture were sought in conjunction with the physical therapy at issue. Portions of the note appeared to have been truncated as a result of repetitive photocopying and/or faxing. Those portions of the note which were furnished did not explicitly discuss the need for x-ray imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY OF THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Knee Disorders, pg 485X-ray is considered the initial test of choice for evaluating patients with suspected knee osteoarthritis.

Decision rationale: Yes, the request for one x-ray of the left knee was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, here, however, the applicant had exhausted various operative and non-operative interventions, including time, medications, physical therapy, earlier knee arthroscopy, etc., before the knee x-ray in question was sought. It appeared, based on the limited documentation submitted that the request represented a request for knee x-ray imaging by the applicant's new primary treating provider (PTP) following an earlier failed knee arthroscopy procedure. The knee x-ray in question was apparently positive and did apparently establish a diagnosis of advancing knee arthrosis, for which the applicant went on to apparently pursue a total knee arthroplasty procedure suggested, in a later 2015 progress note. The Third Edition ACOEM Guidelines Knee Chapter also notes on page 45 that x-ray imaging is considered the test of choice for evaluating the applicants with suspected knee arthritis, as was/is present here. The testing in question was, as noted previously, positive, and did establish the diagnosis of advanced knee arthritis following earlier failed knee arthroscopy. Therefore, the request was medically necessary.

8 POST-OP PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Conversely, the request for eight sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 12 sessions of physical therapy following a knee meniscectomy surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4b to the effect that postsurgical treatment shall be discontinued at anytime during the postsurgical physical medicine treatment period in applicants and/or cases where no functional improvement is demonstrated. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, July 14, 2014. The applicant continued to remain dependent on various and sundry analgesic medications, a knee brace, a cane, etc., despite receipt of earlier unspecified amounts of physical therapy through the date of the request. The physical therapy in question was apparently performed and was, moreover, seemingly unsuccessful, as the applicant went on to consider a total knee arthroplasty, it was suggested in a 2015 progress note, referenced above.

All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.