MAXIMUS Federal Services

Case Number:	CM14-0186837		
Date Assigned:	11/14/2014	Date of Injury:	01/31/2013
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 64-year-old male with a 1/31/13 date of injury, and right knee arthroscopic partial meniscectomy and anterior synovectomy on 7/10/14. At the time (10/24/14) of request for authorization for Postop physical therapy (PT) 2x4 weeks right knee and bilateral L3, L4, L5, S1 medial branch blocks, there is documentation of subjective findings of low back pain radiating to lower extremity. Objective findings include tenderness over lumbar paraspinal muscle with decreased range of motion, decreased sensory exam over right lower extremity dermatomes, and moderate right knee swelling with effusion. The current diagnoses include chronic knee pain, bilateral lumbosacral facet syndrome, and Lumbago. Treatments to date are 12 sessions of physical therapy, home exercise, and medications, including ongoing treatment with Naprosyn. Regarding Postop PT 2x4 Weeks Right Knee, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date; and a statement of exceptional factors to justify going outside of guideline parameters. Regarding Bilateral L3, L4, L5, S1 medial branch blocks, there is no documentation of non-radicular facet mediated pain; pain that is at no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop physical therapy 2 x 4 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis chronic knee pain, bilateral lumbosacral facet syndrome, and Lumbago. In addition, there is documentation of status post right knee arthroscopic partial meniscectomy and anterior synovectomy on 7/10/14 and 12 sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for postop physical therapy 2 x 4 weeks for the right knee is not medically necessary.

Bilateral L3, L4, L5, S1 medial branch blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Official Disability Guidelines (ODG) identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of chronic knee pain, bilateral lumbosacral facet syndrome, and Lumbago. In addition, there is documentation of failure of conservative treatment (home exercise, PT, and NSAIDs). However, given

documentation of subjective findings (low back pain radiating to lower extremity), there is no documentation of non-radicular facet mediated pain. In addition, given documentation of a request for bilateral L3, L4, L5, S1 medial branch blocks, there is no (clear) documentation of pain that is at no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral L3, L4, L5, S1 medial branch blocks is not medically necessary.Within the medical information available for review, there is documentation of diagnoses of chronic knee pain, bilateral lumbosacral facet syndrome, and Lumbago. In addition, there is documentation of failure of conservative treatment (home exercise, PT, and NSAIDs). However, given documentation of subjective (low back pain radiating to lower extremity) findings, there is no documentation of non-radicular facet mediated pain. In addition, given documentation of a request for bilateral L3, L4, L5, S1 Medial Branch Blocks, there is no (clear) documentation of pain that is at no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L3, L4, L5, S1 Medial Branch Blocks is not medically necessary.