MAXIMUS Federal Services

Case Number:	CM14-0189060		
Date Assigned:	11/19/2014	Date of Injury:	09/18/2006
Decision Date:	03/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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: Montana
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 injured worker has a date of injury of 9/18/06. The mechanism of injury is not described in the medical records. He continues to have complaint of bilateral knee pain and right ankle pain. Treatment has included physical therapy, hydrocodone, and ibuprofen. He did have right knee surgery on 7/28/14. This was an arthroscopic procedure for partial lateral meniscectomy, lateral retinacular release, removal of loose bodies, debridement of a partial thickness ACL tear, synovectomy and patellar chondroplasty. He did complete 12 postoperative physical therapy visits. The primary treating physician has requested 12 additional postoperative physical therapy sessions 1 psychological consultation with unknown follow-ups for reactive depression and DNA/genetic testing to rule out metabolic pathway deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post -Op Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS guidelines note that for old bucket handle tear, derangement of meniscus, loose body in knee, chondromalacia of patella, and tibialis tendonitis, the postsurgical treatment recommendation is for physical therapy for 12 visits over 12 weeks. The postsurgical physical medicine treatment period is 4 months. Continued physical therapy beyond the 12 possurgical visits recommended by the guidelines requires significant pain reduction with decreased use of medications and documentation of functional improvement related to the initial physical therapy visits. Additional physical therapy may be authorized up to the end of the postsurgical physical medicine period. At this time the injured worker is beyond the postsurgical physical medicine treatment period of 4 months. The request for an additional 12 postsurgical physical therapy sessions is not medically necessary.

1 psychological consultation with unknown follow ups to address reactive depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,387,398,405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

Decision rationale: The MTUS recommends behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other menta health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2

weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) . The ODG Psychotherapy guidelines show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement.In this case the request for psychotherapy consultation one time with unknown follow-up visits was modified by the Utilization Review with approval of an initial consultation and additional visits to be recommended and approved following that evaluation. The request for psychotherapy consultation with unknown follow-ups for reactive depression is not medically necessary.

DNA/ Genetic Testing to rule out metabolic pathway deflcieny: 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) Pain Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Genetic testing for potential opioid abuse.

Decision rationale: The MTUS guidelines do not support or recommend the use of genetic testing at this time. The ODG guidelines note that use of such testing is still considered to be largely experimental in nature however, its use is gaining increased interest with substantial research showing potential benefits. Although such testing in time may recommended, the request for DNA/genetic testing to rule out metabolic pathway deficiency is not medically necessary.