MAXIMUS Federal Services

Case Number:	CM14-0205070		
Date Assigned:	12/17/2014	Date of Injury:	05/25/2014
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 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:

The injured worker is a 56 year-old male with an original date of injury on May 25, 2014. The mechanism of injury was slipping and falling, he heard a pop in the right knee, and landed on his right lower back. The industrially related diagnoses are sprain/strain of right knee/leg, contusion of lower back, lumbar radiculopathy, and right knee medial meniscus tear. An MRI of the right knee completed on June 20, 2014 showed osteoarthritis of the knee, horizontal cleavage tear of interior point in body of the lateral meniscus, anterior cruciate ligament sprain/partial tear, fibula collateral ligament sprain. The patient was prescribed heat and cold compresses, knee brace, physical therapy, Toradol injection, Ultracet, Norco, Norflex, and Prilosec. The patient has been referred to physical therapy with goals of improving range of motion to 80 to 90%, increase strength, acceptable performance on specific functional motor tests, and decrease pain to level 2/10. The disputed issues are the request for orthopedic consult and physical therapy of 24 sessions for the lower back and right knee. A utilization review on November 7, 2014 as non-certified these quests. The rationale for denial for the orthopedic consult with the exams is too limited to render a differential diagnosis. There is no indication of a surgical lesion based on the limited physical exam. There is no indication the patient requires an orthopedic surgical consult. Therefore, the request was denied. With regards to physical therapy of 24 sessions to the lower back and right knee, the stated rationale for denial was there is no indication of surgical lesion based on a limited physical examination, and no indication for an orthopedic surgical consultation. Therefore, the request for physical therapy of 24 sessions were not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult for the low back and right knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: On a progress note dated June 10, 2014, the provider noted the patient has tenderness to palpation and positive McMurray sign of the right knee, normal range of motion, normal strength of bilateral lower extremities. The lumbar exam revealed normal range of motion normal reflexes no abnormal sensation change, and tenderness along the paraspinal muscles level L1-5. An MRI of the right knee completed on June 20, 2014 showed osteoarthritis of the knee, horizontal cleavage tear of interior point in body of the lateral meniscus, anterior cruciate ligament sprain/partial tear, fibula collateral ligament sprain. An orthopedic consult would be beneficial at this time as patient has failed conservative treatment including oral medications, injectable medications, physical therapy, heat and cold compresses, and knee brace. The patient may benefit from surgical intervention to the right knee.

Physical Therapy x24 sessions for the lower back and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338,Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: On June 2, 2014, the patient was referred to six sessions of physical therapy for the right knee and lower back. Two progress notes on date of service July 1, 2014 and July 14, 2014 indicated the patient has had up to 10 additional physical therapy sessions since the initial 6 sessions. A physical therapy progress note on July 28, 2014 indicated there's no in change in the patient's current pain and functional status, and the patient is "still hurting". The guidelines recommend for meniscus tear medical treatment of nine visits over eight weeks. The request exceeds the amount of PT recommended by the CA MTUS. Therefore, the current request for physical therapy is not medically necessary.