

Case Number:	CM14-0022684		
Date Assigned:	06/11/2014	Date of Injury:	07/28/2010
Decision Date:	04/01/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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: New York

Certification(s)/Specialty: Internal 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 patient is a 40 year old female with date of injury 7/28/10. The treating physician report dated 1/15/14 (20) indicates that the patient presents with left knee and low back pain. The patient states her pain is still a 7/10 with popping and snapping in the left knee. The patient is status post left knee arthroscopic debridement 10/10/13. Exam of the left knee reveals healed fresh portal. There is still 1+ effusion, and there is still tenderness at joint. She lacks 5 degrees of full extension and extends to 100 degrees. Exam of lumbar spine reveals present spasm and ROM is painful and limited. The current diagnoses are: 1. Status post left knee arthroscopic debridement; 2. Lumbar discogenic disease; 3. Chronic low back pain; 4. Left knee internal derangement. The utilization review report dated 02/18/14 denied the request for Physical Therapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x6 weeks to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with knee and back pain. The current request is for continued physical therapy 2 x 6 weeks to left knee. The patient "remains temporarily totally disabled" as of January 15, 2014 when the report was written. The MTUS Post Surgical Treatment Guidelines following arthropathy recommend a maximum of 24 visits over a 10-week time period. The guidelines also state that the treatment period is maximum 4 months post surgery. At the time the request was made in January 2014, the patient was already 3 months post surgery. The request time frame of 6 weeks would have gone beyond the time period as outlined in the guidelines. Therefore, physical therapy is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Page(s): 114-117.

Decision rationale: CA MTUS criteria for use of TENS unit is used for chronic intractable pain and documentation of pain for at least three months duration. Evidence that appropriate pain modalities have been tried including medication and have failed. A one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restorative approach with documentation of outcome. A treatment plan including the specific short and long-term goals of treatment with the tens unit should be submitted. Though the medical record indicates that the back pain is chronic, it does not reveal the documentation that is required. Therefore the TENS unit is not medically necessary.