

Case Number:	CM15-0107700		
Date Assigned:	06/05/2015	Date of Injury:	04/23/2014
Decision Date:	07/13/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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: Connecticut, California, Virginia

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 is a 65 year old male, who sustained an industrial injury on 04/23/2014. He has reported injury to the bilateral knees and low back. The diagnoses have included right knee sprain/strain; left knee sprain/strain; lumbosacral musculoligamentous strain/sprain with radiculitis; rule out lumbosacral spine discogenic disease; rule out bilateral knee internal derangement; bilateral knee meniscal tear; and bilateral tricompartmental knee osteoarthritis. Treatment to date has included medications, diagnostics, lumbosacral brace, bilateral knee sleeves, acupuncture, and physical therapy. Medications have included Naproxen Sodium, Ibuprofen, Soma, Tylenol #3, and Lidoderm patch. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the low back and both knees; physical therapy helps to decrease his pain and tenderness; and his activities of daily living and function have improved with physical therapy. Objective findings included lumbar spine tenderness to palpation of the lumbar spine,, spinal processes L3-L5 and bilateral paraspinal muscles; spasms of the bilateral paraspinal muscles; decreased range of motion; right knee swelling, with tenderness to palpation anteriorly, laterally, and medially; left knee tenderness to palpation anteriorly; decreased range of motion of the bilateral knees; positive McMurray test bilaterally; decreased motor strength of the bilateral knees at 4/5; and there is decreased sensation of the bilateral anterolateral thigh, anterior knee, and medial leg and foot . The treatment plan has included the request for 12 visits of physical therapy, 2 times a week for 6 weeks, to the right knee; and hot/cold unit purchase for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy; 2 times a week for 6 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines knee complaints Page(s): 24.

Decision rationale: Utilization review denied the request for therapy in this case because the patient has already been managed conservatively. Total number of physical therapy visits previously completed is unclear from the provided records. It appears that this patient may, in fact, benefit from further physical therapy, but in general, evidence of improvement should be seen within 6 visits, and therefore given the chronicity of this case, re-evaluation and documentation of evidence of functional improvement may warrant further treatment if such improvement is objectively observed. The general course of therapy for meniscal damage and operative repair warrants a total of 12 possible visits to physical therapy. Given the chronic nature of this case and the prior completion of therapy, it is the opinion of this reviewer that 12 visits without evaluation for efficacy is excessive. Therefore the request is not found to be medically necessary in this case.

Hot/Cold unit purchase for the right knee: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines discuss the use of continuous-flow cryotherapy in cases of post-operative knee treatment. The use of these devices is recommended for up to seven days, including home use. Continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Given the provided records and non-post operative status of this patient, the denial by utilization review with respect to the requested modality is reasonable. In general, cryotherapy is utilized as a rental for a short course. Therefore, based on the guidelines and provided documents, the initial request for purchase is not considered medically necessary.