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| Case Number: | CM15-0144158 | | |
| Date Assigned: | 08/18/2015 | Date of Injury: | 07/31/2014 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old male, who sustained an industrial injury on July 31, 2014, incurring right knee injuries. He was diagnosed with knee pain and plica syndrome of the right knee. Per the doctor's note dated 7/7/15, he had complaints of right knee pain. The physical examination of the right knee revealed full painless range of motion, tenderness over the medial femoral condyle, negative McMurray test, stable varus and valgus stress test. Per the doctor's note dated 5/26/2015, he had complaints of right knee pain. The physical examination of the right knee revealed range of motion 0 to 130 degrees, tenderness over the medial femoral condyle and stable varus and valgus stress test. A right knee Magnetic Resonance Imaging dated 5/21/2015, revealed a right knee arthroscopy with synovectomy. He underwent a right knee arthroscopy, partial meniscectomy and synovectomy in February 2015. He has had knee cortisone injections, work and activity restrictions, and pain management. He has had at least 12 post op physical therapy visits for this injury. The treatment plan that was requested for authorization included physical therapy for the right knee for six weeks and a transcutaneous electrical stimulation unit and supplies for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - page 98.

Decision rationale: Physical therapy 2 times a week for 6 weeks for the right knee. Patient is beyond the postoperative period. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had at least 12 post op physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In addition, per the doctor's note dated 7/7/15, patient had full painless range of motion of the right knee. Significant functional deficits that would require additional physical therapy visits are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy 2 times a week for 6 weeks for the right knee is not established for this patient at this time. Therefore, the request is not medically necessary.

TENS unit and supplies for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page 114-116.

Decision rationale: TENS unit and supplies for 6 weeks. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The TENS unit and supplies for 6 weeks is not medically necessary for this patient.