

Case Number:	CM15-0149363		
Date Assigned:	08/12/2015	Date of Injury:	10/27/1995
Decision Date:	09/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/31/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 10-27-1995. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left knee post revision of the tibial tubercle twice with increasing discomfort and right knee lower extremity venous insufficiency related to thrombophlebitis with edema and early skin breakdown. Treatments to date include physical therapy and acupuncture treatments. Currently, he complained of regression due to discontinuation of physical therapy and acupuncture therapies. On 7-17-15, the physical examination documented venostatis changes in the right lower extremity with early skin breakdown and pigmentation changes. The left knee demonstrated swelling and pain with compression of the patella and through range of motion. The plan of care included a request to authorize additional twelve acupuncture treatments and eighteen physical therapy sessions for treatment of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture to the left knee (sessions) QTY: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain in his left knee as well as aching and discomfort due to venostasis in his right ankle. The current request is for 12 additional sessions of acupuncture to the left knee. Per the UR dated 7/29/15 (10A) the patient has been approved for 30 acupuncture sessions in the past. The treating physician states 6/5/15 (250B) "All the modalities have been offered up until this time for the management of the multiple surgeries he has had on the left lower extremity as well as the DVT and support he has to wear on the right have afforded him an improving functional lifestyle. The patient is beyond the norm because of the different problems he has had. His activity program is intended to prevent skin ulcers and open wounds of his right inner ankle resulting from the recurrent life-threatening deep vein thrombosis which he has had repeated hospitalizations for DVT's and because of his activity program the therapy, the acupuncture etc. he has not had ulcerations in the recent past. Virtually with the management program he has had, he continues to improve with his jogging program presently he is in a 9-minute rate and I feel that all the treatment programs modalities to date have afforded him relief from the effects of his injury. I would not want this patient to be compromised from his present stable treatment program and run the risk of having recurrent deep vein thrombosis." On 7/17/15 (290B), the treating physician notes upon examination "some venostasis changes along the medial malleoli distal medial malleolus on the right side 4 x 4 cm with early skin breakdown and pigmentation. On the left knee, there is some swelling along the tibial tubercle area, pain with compression at the patella and along the vastus medialis obliquus on the left side through range of motion." The physician notes that without acupuncture treatment the patient's condition has regressed. The Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture for the treatment of knee complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months." In this case, the treating physician has provided clear documentation of functional improvement with acupuncture treatment. Without the treatment, the patient's condition has regressed significantly. The current request is medically necessary.

Continue physical therapy to the left knee (sessions) QTY: 18.00: Upheld

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

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

Decision rationale: The patient presents with pain in his left knee as well as aching and discomfort due to venostasis in his right ankle. The current request is for 18 additional sessions of physical therapy to the left knee. Per the UR dated 7/29/15 (10A) the patient has been approved for 38 physical therapy sessions in the past. The treating physician states 6/5/15 (250B) "All the modalities have been offered up until this time for the management of the multiple surgeries he has had on the left lower extremity as well as the DVT and support he has to wear on the right have afforded him an improving functional lifestyle. The patient is beyond the norm because of the different problems he has had. His activity program is intended to prevent skin ulcers and open wounds of his right inner ankle resulting from the

recurrent life-threatening deep vein thrombosis which he has had repeated hospitalizations for DVT's and because of his activity program the therapy, the acupuncture etc. he has not had ulcerations in the recent past. Virtually, with the management program he has had, he continues to improve with his jogging program presently he is in a 9-minute rate and I feel that all the treatment programs modalities to date have afforded him relief from the effects of his injury. I would not want this patient to be compromised from his present stable treatment program and run the risk of having recurrent deep vein thrombosis." On 7/17/15 (290B), the treating physician notes upon examination "some venostasis changes along the medial malleoli distal medial malleolus on the right side 4 x 4 cm with early skin breakdown and pigmentation. On the left knee, there is some swelling along the tibial tubercle area, pain with compression at the patella and along the vastus medialis obliques on the left side through range of motion" noting the regression in symptoms due to the cessation of acupuncture and physical therapy. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8- 10 sessions of physical therapy." In this case, the treating physician's request for an additional 18 visits is not supported in the MTUS guideline. The patient has attended 38 physical therapy sessions to date. The clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been transitioned to as a replacement to the PT. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS recommendation. While it is worrisome that the IW will decline without continuous PT, it is also proof that PT is not providing any sustained effect on the injured worker. If the IW truly benefits from intensive PT, consider an inpatient rehabilitation stay or a functional restoration program. The current request has not met the threshold of medically necessary.