

Case Number:	CM15-0149366		
Date Assigned:	08/25/2015	Date of Injury:	03/23/2006
Decision Date:	09/23/2015	UR Denial Date:	07/27/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 59 year old male, who sustained an industrial injury on 3-23-06. He reported pain in his bilateral knees related to repetitive motions. The injured worker was diagnosed as having hypertension, diabetes, obstructive sleep apnea, status post right total knee arthroplasty and status post left total knee arthroplasty. Treatment to date has included right knee replacement surgery on 1-13-15, physical therapy, psychiatric treatments, Mobic and Norco. As of the PR2 dated 6-24-15, the injured worker reports he is less sore and swollen in his right knee, but still has soreness and swelling. Objective findings include pitting edema of the right leg. The treating physician noted that the injured worker's sleep apnea was triggered by his post-injury weight gain. On 7-16-15 the orthopedic surgeon noted the right knee range of motion was 120 degrees of flexion and full extension and mild effusion. The treating physician requested physical therapy x 12 sessions to the right knee, a gym membership, a repeat study and treatment of sleep apnea, treatment of hypertensive cardiovascular disease, supportive psychiatric treatment and Metformin 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee times 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Medicine Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic physical therapy related to spinal cord injuries. The Occupational Disability Guidelines state that "if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated." The ODG recommended treatment course for post-surgical treatment after arthroplasty of the knee is: "24 visits over 10 weeks." This patient has already completed postoperative physical therapy. He has had no further documented improvement since completion of his post-op care. The medical records do not support that additional physical therapy would provide a demonstrable improvement in his functional status. Therefore, medical necessity for 12 sessions of Physical Therapy of the knee has not been established.

Gym membership for treatment of 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, <http://www.odg-twc.com/pain.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a gym membership for this patient. The clinical records submitted do not support the fact that this patient has participated and failed a home exercise program. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of gym memberships. Per the Official Disability Guidelines (ODG), gym memberships are: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." This patient has not been documented to have participated in a home exercise program. He has also not had documentation of exercise therapy, which has been monitored and administered by medical professionals. Therefore, based on the submitted medical documentation, the request for gym membership is not-medically necessary.

Repeat study and treatment of sleep apnea: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, <http://www.odg-twc.com/pain.htm>.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a sleep study for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), a sleep study is: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." Additionally, ODG states that sleep studies are: "Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders." Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. Therefore, medical necessity for a sleep study has not been established.

Treatment of Hypertensive Cardiovascular Disease: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2-3.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of hypertensive cardiovascular disease for this patient. The California MTUS guidelines address the topic management of specialist consultation by stating: "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. There are no notes from this patient's PCP that indicate his hypertensive disease is complex or that he lacks the training necessary to manage the patient's condition. Therefore, medical necessity for Management of Hypertensive Therapy has not been established.

Supportive psychiatric treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 338.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of supportive psychiatric services for this patient. The clinical records submitted do not support the fact that this patient has been documented to have an unstable psychiatric condition. The California MTUS guidelines address the issue of a psychology referral by stating: "It is recommended that common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional." Although this patient has had a history of prior psychological evaluation, he is currently documented to be stable and adjusted. The patient's clinical

documentation does not support that the patient has had recent episodes of psychiatric symptoms. Therefore, based on the submitted medical documentation, the request for supportive psychiatric services is not-medically necessary.

Metformin 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a metformin prescription for this patient. The clinical records submitted do not support the fact that this patient has uncontrolled diabetes related to his industrial accident. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Metformin prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Metformin use, the medication is only indicated for treatment of diabetes mellitus, which is under the care of a medical professional. The medical records document that this patient has a primary care physician who is monitoring his chronic health conditions. Prescription of an anti-glycemic must be monitored by a PCP to prevent: hyperglycemia, metabolic acidosis or other complicating feature. Since the medical records do not document PCP records regarding this patient's diabetes treatment, refill is unadvised. Therefore, based on the submitted medical documentation, the request for metformin prescription is not medically necessary.