

<b>Case Number:</b>	CM15-0184033		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/08/2005
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Florida, California

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 53 year old female, who sustained an industrial injury on October 8, 2005. The injured worker was currently diagnosed as having lumbar sprain, pain in joint involving lower leg, encounter for long-term use of other medications, encounter for therapeutic drug monitoring, revision of total knee replacement, total knee replacement, constipation unspecified and depressive disorder not elsewhere classified. Treatment to date has included diagnostic studies, surgery, medication, psychotherapy and unsuccessful steroid injections. She underwent an assessment for the Functional Restoration Program but was not recommended for it. On July 30, 2015, the injured worker was seen in regard to her left total knee revision, lateral release and patellar medial reefing. Her knee was noted to be well located and everything was in a fairly good position. The treatment plan included outpatient physical therapy once or twice a week for the next four to six weeks and then a re-evaluation. An orthopedic bed was also suggested to be beneficial to help her with her knees getting in and out of bed and help her lumbar spine. On September 4, 2015, utilization review modified a request for physical therapy at two visits per week for six weeks for the left knee to physical therapy six visits. A request for an adjustable orthopedic bed was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable orthopedic bed:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4600 (1).

**Decision rationale:** The claimant was injured 10 years ago, with lumbar strain, total knee replacement, and depressive disorder. As of July, the left total knee revision was healing well. The bed was suggested to be beneficial to help her with the knees, and lumbar spine. It wasn't clear how it would aid. The PT request was modified. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. In this case, all people have beds; they are furniture items in most households. The choice of bed is up to the individuals. Adjustable beds are also available on the common market. The need for one specifically designated as an 'orthopedic' bed is not clear, and it is not clear how it is essential to the care of the knees and back. The request is not medically necessary.

**Physical therapy 2x6 for left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127The claimant was injured 10 years ago, with lumbar strain, total knee replacement, and depressive disorder. As of July, the left total knee revision was healing well. The PT request was modified. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. A small number of sessions may be reasonable to move the patient to self care, but not the amount requested here. I do agree with the initial UR modification proposal, but not the full amount. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the

chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.- A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.