

Case Number:	CM15-0021360		
Date Assigned:	02/10/2015	Date of Injury:	11/01/1988
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 an 84 year old female patient, who sustained an industrial injury on 11/01/1988. A visit dated 09/15/2014 reported subjective complaint of left knee pain, hearing loss and tinnitus; also noted participating in massage therapy, twice weekly. The patient stated the massage therapy had helped with the neck, back and lower extremities. A request was made to obtain an orthopedic consultation; and 12 sessions of physical therapy. On 01/27/2015, Utilization Review, non-certified the request, noting the ACOEM Guidelines, Consultation, Chapter 13, Knee Complaints, Physical Therapy were cited. On 02/04/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation stated that she had pain involving the left knee, cramping of the left calf, and tightness of the left calf. There was no functional limitation or indication that conservative care targeted toward the knee was undergone. The request is not medically necessary.

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, 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."Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2):10 visits over 8 weeks sprains and strains of unspecified parts of back (ICD9 847):10 visits over 5 weeks. The records submitted for review state that the patient has had at least 12 visits of physical therapy with no improvement. The request is not medically necessary.