

Case Number:	CM15-0214400		
Date Assigned:	11/04/2015	Date of Injury:	02/21/2002
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 2-21-02. The injured worker was diagnosed as having sprain of neck; sprain of knee and leg NOS; sprain of lumbar region. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right knee (6-9-14). Currently, the PR-2 notes dated 8-25-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of increased back pain and right knee pain. The provider notes "Patient with crutches, knee immobile, lumbar spine: tender right sacroiliac joint and paraspinals. Range of motion: flexion to knees, extension 20% with pain; difficulty getting to neutral from forward bend; lateral right and left 50% with pain in right lumbar area. Poor balance on heel-toe. Has had increase weakness in right lower extremity, muscle fasciculation, pain in knee 4 out of 10 with 150mg Tramadol daily, worse with ambulation; out of Tramadol ER. Lumbar pain radiates to right lower extremity, with weakness right lower extremity. Ambulating around the house with crutches uses knee immobilizer when she goes out. Back pain (lumbar) and stiffness - constant; pain at 8 out of 10 intermittent, continues to perform home exercise program, using ice, notes paresthesias right lower extremity to mid-tibia. Strength in the lower extremities is 4 out of 5 with negative straight leg raise bilaterally. Right knee with 1-2+ effusion, no warmth, range of motion 0-100 with pain, tender medial and lateral joint line, negative drawer, minimal lateral laxity. Left knee 2+ lateral laxity, 2+ effusion." His treatment plan includes a refill of Tramadol, physical therapy for the knee and lumbar spine and surgical consult for a total knee replacement. A PR-2 note dated 7-22-15 is typed and indicates the injured worker is complaining of constant right knee pain rated "8 out of

10". She reports occasional locking sensations and instability. She reports tingling sensations in the lower leg and is receiving medication Tramadol. At present, she reports symptoms are aggravated by weight-bearing activity and relieved by rest. The injured worker reports she has a surgical history of an ACL reconstruction with revision and medial meniscectomy, multiple knee arthroscopies with the more recent one in 2003. She also reports a cortisone injection May 2015 with no relief of symptoms. The provider documents "I personally reviewed the MRI and showed it to the patient. It shows significant tricompartmental osteoarthritis." On physical examination the provider notes "Anterior drawer test is 1A; Lachman test is 2A; Pivot shift test is glide; McMurray sign is negative. There is no pain or instability with valgus or varus stress. Neurological testing of the lower extremity shows no significant abnormalities. Motor strength in the major muscle groups is 5 out of 5 in all the tested groups." The treatment plan is for the injured worker to see a specialty surgeon for total knee replacement. A PR-2 note dated as early as 2-11-15 indicated the injured worker was having right knee pain with pain levels "8 out of 10". On this date the provider administered a cortisone injection into the right knee joint. A MRI of the right knee dated 6-9-14 was also submitted for review revealing the tricompartmental osteoarthritis. A Request for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-2-15 and non-certification for Outpatient surgical evaluation for total knee replacement and 6 physical therapy visits for the right knee and lumbar spine. A request for authorization has been received for Outpatient surgical evaluation for total knee replacement and 6 physical therapy visits for the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgical evaluation for total knee replacement: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 124.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: According to the MTUS, a referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient has severe pain and the provider is concerned that they may require surgery. A surgical consult is medically necessary.

6 physical therapy visits for the right knee and lumbar spine: 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: According to the MTUS, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has had previous physical therapy and should be independent with a home exercise program. Additional therapy is not medically necessary.