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| Case Number: | CM15-0030968 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 07/09/2012 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old male who sustained a work related injury to his neck and low back after a slip and fall, July 9, 2012. Past history includes diabetes, hypertension, stroke, lap-band surgery 2009 and 2010, and left knee surgery, 2010. According to an initial orthopedic consultation report dated August 18, 2014 (there is another initial report dated July 14, 2014), the injured worker presented with slight to moderate right knee pain which is aggravated with prolonged standing, climbing and bending activities. The right lower extremity reveals antalgic gait and the left normal gait. MRI scan of the right knee demonstrates degenerative changes and bilateral frank meniscus tear (report not present in medical record). Diagnosis is documented as symptomatic chondromalacia and degenerative arthrosis, right knee. Treatment recommendations included referral for cortisone injection to the right knee and physical therapy. There are no further current physician reports present in the medical record. According to utilization review dated February 12, 2015, the request for Additional Physical Therapy may include initial and follow-up evaluation is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Quantitative Functional Capacity Evaluation is non-certified, citing ACOEM (American College of Occupational and Environmental Medicine). The request for Work Conditioning is non-certified, citing MTUS Chronic Pain Medical Treatment guidelines. The request for Home Program for the Lumbar and Cervical Spine 2 x 3 is non-certified, citing Official Disability Guidelines (ODG), Head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, may include initial and follow up evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no detailed, recent and objective evaluation of the patient back and neck condition. There is no justification for the prescription of additional sessions of physical therapy without documentation of the efficacy of previous visits. Therefore, Additional Physical Therapy, may include initial and follow up evaluation is not medically necessary.

Quantitative Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent medical Examination and Consultations pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation Functional capacity evaluation (FCE) <http://www.odg-twc.com/>.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient condition require functional capacity evaluation. The last note did not document any pain or any indication for a functional restoration program. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform his work. In addition, the provider should document that the patient reached his MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for final Functional Capacity Evaluation is not medically necessary.

Work Conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine- work Conditioning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work conditioning, work hardening <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, work hardening Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) The need for work

hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. (Schonstein-Cochrane, 2008) For more information and references, see the Low Back Chapter. The Low Back WH & WC Criteria are copied below. There is limited literature supporting the use of Hardening programs of the knee. In addition, there is no documentation that the patient fulfilled the conditions to be eligible for work hardening program.

Home program for the lumbar and cervical spines 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Multidisciplinary Community rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, home exercise "Recommended as indicated below. Recommend strengthening the lateral hamstring muscles and hip abductor muscles for OA. Therapeutic exercises are beneficial for knee osteoarthritis. (Philadelphia, 2001) (Cheing, 2004) (De Jager, 2004) (Roddy, 2005) (Karatosun, 2005) (Bennell, 2005) Both aerobic walking and home-based quadriceps strengthening exercise reduce knee pain and disability, but no difference between them was found. (Roddy2, 2005) Knee injuries can be reduced by 50 percent after a rigorous warm-up routine." There is no documentation that the patient needs strengthening the lateral hamstring muscles and hip abductor. Therefore, the request is not medically necessary.