

Case Number:	CM15-0034212		
Date Assigned:	03/02/2015	Date of Injury:	12/30/2007
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 12/30/2007. The mechanism of injury was not specifically stated. The current diagnosis include left knee chronic posterior collateral ligament rupture, left knee chronic anterior patellofemoral pain, elements of depression, right knee strain, and episodic gastric upset. The injured worker presented on 09/16/2014 for a follow-up evaluation with complaints of right knee pain and weakness, as well as symptoms of depression and stomach pain secondary to NSAIDs. Upon examination of the left knee, there was 7 degrees of hyperextension, 140 degrees of flexion, 1+ posterior drawer test with a firm end point, slight posterior sag on the left, and positive patellar compression test. Examination of the right knee revealed valgus tenderness to palpation along the patella tendon. Sensation was distally intact to light touch. X-rays obtained in the office revealed evidence of degenerative changes at the patellofemoral compartment of the left knee. Recommendations included a course of physical therapy for the bilateral knees, as well as a psychiatric evaluation for depression. A Request for Authorization form was then submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation; consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: California MTUS Guidelines recommend psychological evaluations. These should determine if further psychosocial interventions are indicated. While it is noted that the injured worker reported symptoms of depression, there was no comprehensive psychological evaluation provided for this review. The request as submitted for psychiatric evaluation with consultation and treatment would not be supported as the associated treatment would depend, in part, on the results of the initial evaluation. Therefore, the request is not medically appropriate.

Physical therapy 2-3 times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. In this case, it is unclear whether the injured worker has previously participated in physical therapy. Additionally, the request as submitted failed to indicate a specific body part. As such, the request is not medically appropriate at this time.