

<b>Case Number:</b>	CM15-0034277		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 59-year-old male, who sustained an industrial injury on 5/18/2010. The mechanism of injury was not noted. The diagnoses have included lumbosacral spondylosis without myelopathy, other symptoms referable to back, knee pain, osteoarthritis, unspecified whether generalized or localized, lower leg, and knee joint replacement. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of sleep disturbances, noting jumpy legs. He reported good pain control with current medication regime, but found it difficult to exercise, because he got sore easily. He went to the gym 2-3 times a week and desired continued decrease of narcotics. His physical activities remained the same and he was not working. Current medications included Oxycontin, Oxycodone, Celebrex, Nortriptyline, and Tizanidine. He was in no apparent distress and depression was not described. Exam noted mild to moderate joint swelling in the knees, right greater than left, and positive tenderness over the bilateral patella, with limited range of motion. Sensation was intact to both lower extremities and muscle testing was 4/5 for knee extension and flexion. Treatment plan included psychiatry evaluation and physical therapy. Radiographic imaging reports were not noted. Urine drug screenings, dated 4/18/2014 and 9/19/2014, was inconsistent with prescribed medications. On 2/10/2015, Utilization Review non-certified a request for specialist referral Psychiatry, evaluation and treatment for sleep and depressive issues, citing MTUS and Official Disability Guidelines, non-certified a request for physical therapy (2x4) for bilateral knees, pain, and non-certified a request for physical therapy (2x4) for bilateral knees, arthritis, citing MTUS Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Specialist referral psychiatry evaluation and treatment for sleep and depressive issues:**

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** According to the 01/19/2015 report, this patient presents with "deep joint stiff /swells pain" and "have difficulties going to sleep waking up in the middle of the night and not being able to go back to sleep, hours of sleep 3-5 hours." The current request is for Specialist referral psychiatry evaluation and treatment for sleep and depressive issues. The request for authorization is on 02/03/2015. The patient/s work status is "not working at the time." The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation 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. The medical reports provided for review indicate the patient has sleeping issue; however, there is no mention that the patient has psychological issues such as anxiety, depression, and is struggling with the chronic pain. An evaluation by a psychologist appears reasonable to evaluate the patient's sleeping issue. But the request for treatment without defining the duration or number of sessions needed is not supported; as one cannot make an appropriate recommendations without knowing the number of sessions requested. Given the lack of clarity regarding the request, the request IS NOT medically necessary.

### **Physical therapy two times a week for four weeks for pain, bilateral knees (8 sessions):**

Upheld

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

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

**Decision rationale:** According to the 01/19/2015 report, this patient presents with "deep joint stiff /swells pain" and "haven difficulties going to sleep waking up in the middle of the night and not being able to go back to sleep, hours of sleep 3-5 hours." The current request is for Physical therapy two times a week for four weeks for pain, bilateral knees (8 sessions). There is no documentation that the patient is in a post-operative time frame regarding physical therapy. For

physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor provide a reason why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.

**Physical therapy two times a week for four weeks for arthritis, bilateral knees (8 sessions):**  
Upheld

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

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

**Decision rationale:** According to the 01/19/2015 report, this patient presents with "deep joint stiff /swells pain" and "haven difficulties going to sleep waking up in the middle of the night and not being able to go back to sleep, hours of sleep 3-5 hours." The current request is for Physical therapy two times a week for four weeks for arthritis, bilateral knees (8 sessions). There is no documentation that the patient is in a post-operative time frame regarding physical therapy. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor provide a reason why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.