

<b>Case Number:</b>	CM15-0049747		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, 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 a 41 year old, male, who sustained a work related injury on 8/14/14. The diagnoses have included left knee sprain and right knee meniscus tear. Treatments have included left knee x-rays, left knee brace, medications, 6 sessions of physical therapy without benefit, MRI left knee on 9/10/14, use of ice machine and left knee surgery on 1/20/15. In the Physical Medicine and Rehabilitation New Patient Evaluation dated 2/23/15, the injured worker complains of constant, throbbing, cramping, medial aspect left knee pain. He states the left knee "locks up, buckles and swells." He states symptoms get worse with prolonged walking and walking makes knee swell. He states weight bearing on left knee causes pain. He states pain improves with use of his ice machine and medications. The treatment plan is to request pain management counseling and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Counseling, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, Chronic Pain Treatment Guidelines Opioids, dealing with misuse &

addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for pain management counseling with addressing of substance abuse issues, this is a form of psychology counseling. With regarding to psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, the patient is on controlled substances and continues with significant pain. However, guidelines suggest a trial of only 3 to 4 visits initially. Only with documentation of improvement, would further visits be warranted. Unfortunately, the independent medical review process cannot modify requests, and the currently requested 12 sessions is not medically necessary.

**Physical Therapy, 16 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is a history meniscal surgery, but the request for 16 sessions is in excess of guidelines. Unfortunately, there is no provision for modification of the current request in the IMR process. Therefore, current request for physical therapy 2x/week x 8 weeks is not medically necessary.