MAXIMUS Federal Services

Case Number:	CM15-0082422		
Date Assigned:	05/27/2015	Date of Injury:	06/25/2014
Decision Date:	06/25/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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 35-year-old male, who sustained an industrial injury on 06/25/2014 when he fell, landing directly on his right knee and struck his forehead on a concrete wall. He developed pain in his neck, head and right knee. He was diagnosed with sprain/strain cervical spine, right knee contusion and blunt head trauma. According to a neurological evaluation dated 09/17/2014, the provider noted that the force of the impact to the injured worker's head was sufficient to possibly cause a transient 6th nerve palsy bilaterally as well as positional dizziness, possibly secondary to concussive effect to the ear. He felt that the transient visual blurring, sleep disturbance and post-traumatic headaches were the result of contusion and concussion involving the head. Given the injured worker's weight and the frequency of headaches, it was important to exclude any possibility of increased intracranial pressure from the head trauma/concussion. MRI scan of the brain was recommended. Due to reports of dizziness, an electroencephalogram was recommended to determine if there was any focal slow activity or spike discharges. Recommendations also included an ENT evaluation to assess positional dizziness and intermittent tinnitus. Treatment to date had included x-rays, computed tomography scan of the head, physical therapy for the right knee, MR arthrogram of the right knee and medications. The MR arthrogram was suggestive of a meniscal medial and lateral as well as probable full thickness ACL tear. On 11/10/2014, the injured worker underwent arthroscopy of the right knee with partial lateral meniscectomy and anterior cruciate ligament reconstruction using Cayenne AperFix II with autologous tibialis anterior graft. He participated in postoperative physical therapy. According to a progress report dated 03/30/2015, the injured worker was still having

pain, stiffness and weakness in the right knee. His motion had improved from 100 to 105 degrees flexion but still had 4/5 muscle strength of the right knee and an antalgic gait. Diagnoses included contusion face, scalp and neck, headache, visual disturbances not elsewhere classified and contusion of knee. Treatment plan included continue therapy and ENT as recommended by the neurologist for the head injury. Currently under review is the request for consultation and treatment (ENT specialist) and physical therapy quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment (ENT Specialist): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127, consultation.

Decision rationale: Per the 03/30/15 PTP Progress report, the patient presents with listed diagnoses that include Contusion of the face, scalp and neck, Headache and Visual disturbance. The current request is for consultation and treatment-ENT specialist. The RFA included is dated 04/10/15. The 04/17/15 utilization review states the date of the request is 03/30/15. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." The treating physician states this request is per the recommendation of the neurologist for the patient's head injury. The 09/17/14 Complex Neurological Evaluation states the patient complains of headaches 4x week with neck pain and ringing noise in both ears and visual blurring that has stopped. This report provides diagnoses that include Head trauma, Post-Concussion Syndrome and Positional Dizziness and recommends an ENT evaluation. Guidelines support referral to the expertise of other specialists when it may help the physician provide an appropriate course of care. The request IS medically necessary.

Physical therapy qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical knee: Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) Page(s): 24-25.

Decision rationale: The 04/13/15 PTP Progress report states that the patient presents with residual right knee pain with a limp. The reports provided for review show the patient is s/p 11/10/14 arthroscopy - ACL reconstruction. The current request is for physical therapy qty: 8.00. The RFA included is dated 04/10/15. The 04/17/15 utilization review states the date of the

request is 03/30/15. The patient is not working. The MTUS, Postsurgical Guidelines, pp. 24-25 provide the following: Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear): Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The MTUS, Postsurgical Guidelines, pp 10-11 state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." The patient is within a post-surgical treatment period as of the date of the utilization review. It is unclear from the reports provided how many sessions of post-surgical treatment the patient has received. The earliest mention of therapy is the 01/05/15 Progress report which states, "Continue rehab program 2 wk/4 wk." Reports from 02/02/15 to 04/03/15 note the patient is continuing rehab and the 05/21/15 report states the patient is attending PT rehab. The 03/30/15 PT treatment notes state the course of treatment is 2x4 but do not state how many visits have been completed. The utilization review states that 12 sessions were authorized in 2015. In this case, an initial course of therapy of 12 sessions is allowed by the MTUS guidelines with subsequent sessions allowed with documentation of functional improvement. The treating physician does not explain why additional treatment is needed other than to note continued pain and limping. No evidence of functional improvement is provided to support a subsequent course of therapy. Furthermore, it appears the 8-12 sessions planed combined with the 8 sessions currently requested exceed what is allowed for an initial course of treatment. The request IS NOT medically necessary.