

Case Number:	CM15-0234740		
Date Assigned:	12/10/2015	Date of Injury:	07/18/2015
Decision Date:	01/22/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/01/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 7-18-15. The injured worker has complaints of right knee, right hip and low back pain. Cervical examination reveals a normal lordosis, there is no tenderness, and there is full range of motion without evidence of deficit in strength or stability. Lumbar spine examination reveals with palpation there is tenderness in the right side paraspinal muscles, sacroiliac and lumbopelvic region and there is decreased range of motion, 75 percent without evidence of deficit in strength or stability. Right knee examination there is tenderness in the medial, lateral joint line, medial bursa and peripatellar region. Right knee magnetic resonance imaging (MRI) revealed intrasubstance changes in the medial meniscus. The diagnoses have included sprains and strains of unspecified site of knee and leg. Treatment to date has included ibuprofen for pain; completed 6 sessions of physical therapy and noticed improvement in function including allowing injured worker to work with restrictions. The original utilization review (11-11-15) non-certified the request for physical therapy 2x3 for the right knee and interferential meds4 unit trial x30 days with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical medicine treatment.

Decision rationale: The injured worker sustained a work related injury on 7-18-15. The medical records provided indicate the diagnosis of sprains and strains of unspecified site of knee and leg. Treatment to date has included ibuprofen for pain; completed 6 sessions of physical therapy. This case is somewhat unusual: the Official Disability Guidelines recommends a total of 12 visits of physical therapy, but the injured worker had marked functional improvement after 6 visits, but without accompanying significant improvement in pain after six physical therapy visits. She is back to work but continues to experience pain. The physical examination is remarkable for the right knee being larger than the left (the report did not state whether this is as a result of swelling, effusion, edema of the right knee, or due to atrophy of the left knee, as well as knee precipitation. The right Knee MRI is positive for intrasubstance changes in the medial meniscus, which the treating doctor believes may be tear of the medial meniscus. The requested treatment is medically necessary because the injured worker did not exhaust the maximum physical therapy visits during the acute phase of the injury; besides, while it is uncertain whether the injured worker has knee swelling, or effusion, the MRI findings is suggestive of a feature that could be treated by physical therapy. The MTUS Chronic pain Physical Medicine Guidelines recommends a fading treatment of 8-10 visits followed by home exercise treatment. Therefore, the requested treatment is medically necessary and appropriate.

Interferential Meds4 unit trial x30 days with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The injured worker sustained a work related injury on 7-18-15. The medical records provided indicate the diagnosis of sprains and strains of unspecified site of knee and leg. Treatment to date has included ibuprofen for pain; completed 6 sessions of physical therapy. The MTUS states that Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The medical records reveal significant improvement with Physical therapy; therefore, the requested treatment with Interferential Meds4 unit trial x30 days with garment is not medically necessary.