

Case Number:	CM14-0135569		
Date Assigned:	08/29/2014	Date of Injury:	08/06/2009
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old male who was injured on 08/08/2009. The mechanism of injury is unknown. Prior treatment history has included visco-supplementation injections which have provided him with relief. Progress report dated 05/05/20014 states the patient presented for re-evaluation of the lumbar spine. He is note to be status post-operative arthroscopy on 01/15/2010. He reported increased symptoms of achiness, stiffness, and pain. He has received a Synvisc One visco-supplementation which only provided him with 6 months of relief. He reported he has difficulty with prolonged sitting, standing, and activities. On exam, left knee range of motion is 0 to 130 degrees with trace effusion, positive patellofemoral Crepitation, positive grinding, and pain with deep squat. Straight leg raise is negative. The patient is diagnosed with tri-compartmental chondromalacia of the left knee and lumbar degenerative disk disease and pain. He is recommended to receive another Synvisc injection. He is recommended for pain management and physical therapy. Prior utilization review dated 08/06/2014 states the request for pain management is denied as medical necessity has not been established, Physical Therapy 2-3 week for 6 weeks is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management: 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 Chronic pain programs, Page(s): 30-34.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that chronic pain programs are recommended where there is access to programs with provide successful outcomes, for patients with conditions that put them at risk of delayed recovery. Non-specific request for pain management is not supported. There is an absence in documentation noting that his claimant has had a pain management evaluation to support pain management. Therefore, the medical necessity of this request is not established.

Physical Therapy 2-3 week for 6 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical therapy & Low back - Lumbar & Thoracic, physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Past physical therapy provided with documentation of functional improvement not provided. There is an absence in documentation noting that this claimant cannot perform a home exercise program. Medical Records reflect the claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. The medical necessity of the request is not established.