

Case Number:	CM14-0183812		
Date Assigned:	11/10/2014	Date of Injury:	05/22/2013
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on May 22, 2013. Subsequently, he developed chronic low back and knee pain. MRI of the left knee dated June 27, 2014 showed possible anterior cruciate ligament sprain. There is mild thinning of the ACL with edema along the course. The menisci are of normal size. There is mild joint effusion. MRI of the lumbar spine dated June 27, 2014 showed mild inferior rightward tilt from the mild lumbar spine. L5-S1: there is a 2-3 mm posterior bulge or protrusion with mild to moderate central canal stenosis greatest in the lateral recesses. The foramina are slightly encroached upon. The lumbar spine x-ray dated May 22, 2014 showed decreased disc spacing at L5-S1 with mild to slight degenerative changes. At L1-2: decreased disc spacing with osteophytic degenerative changes. According to a progress report dated October 3, 2014, the patient complained of low back pain, intermittent dull ache pain with strenuous activities. At times, there is sharp pain. Pain is well localized to the lumbar spine and waist. The patient also complained of left knee pain, frequent, mild, and ache. Physical examination revealed painful lumbar extension, positive bilateral Kemp's test, positive Milgram's for pain, positive right straight leg raise, right Fabere test elicits right lumbar spine pain and right hip tenderness, tenderness to palpation thoracolumbar region, tenderness to palpation left knee medial joint line, patellofemoral tracking issue, left knee flexion at 128 degrees, positive patellar apprehension, and positive McMurray's test. The patient was diagnosed with lumbosacral sprain/strain and knee sprain/strain. The patient completed 20 physical therapy sessions. The provider requested authorization for orthopedic consult left knee and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Evaluation and management (E&M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an ortho evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for the follow up visit. There is no documentation of the reasons, the specific goals and end point for this consultation. Therefore, the request for Orthopedic Consult left knee is not medically necessary.

Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter and Knee Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated

by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, Physical therapy is not medically necessary.