

Case Number:	CM14-0184454		
Date Assigned:	11/12/2014	Date of Injury:	11/15/2012
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 42-year-old woman who sustained a work-related injury on November 15, 2012. Subsequently, she developed chronic knee and back pain. The patient underwent a left knee surgery on December 24, 2013. The patient was treated with physical therapy, TENS unit, and medications. MRI of the lumbar spine dated March 13, 2013 showed a superimposed disc bulge at L4-5 resulting in spinal canal stenosis along with a 5 mm right paracentral disc protrusion at L5-S1 and mild to moderate right-sided neural foraminal stenosis. According to the progress note dated on November 18, 2013, the patient was taking Neurontin and Norco, Motrin for pain management. According to a follow-up report dated October 13, 2014, the patient reported continued pain and weakness to the left knee. She noted stiffness, instability, and buckling to the left knee. Examination of the lumbosacral spine revealed no known fractures or deformities. There was tenderness to palpation. 3+, medial lower back. Effusion: 4+. Spasm at surrounding tissue. Straight leg raising test positive. Ober test positive and Rectus Femoris test positive. Examination of the left knee revealed no tenderness to palpation, normal sensation, no instability, subluxation or laxity, no crepitus and no known fractures or deformities. Popliteal sign was positive. Apley's test was negative. McMurray test as negative and Plica test was negative. The patient was diagnosed with lumbar herniation, lumbago, sprain of back, meniscus tear of the left knee, and chondromalacia patellae. The provider requested authorization for physical therapy and pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee and lumbar spine, three times weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98 - 99.

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 outcome of previous physical therapy sessions. The patient underwent at least 20 sessions of physical therapy sessions without documentation of benefit. There is no documentation of motor deficit that requires more physical therapy. There is no justification that the patient condition need supervised session and not home exercise. Therefore, the request for Physical therapy for the left knee and lumbar spine is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Section Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention; Guidelines Assessing Red Flags and Indication for Imm.

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 a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management Consultation is not medically necessary.